

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 768991**

1. Corporation Name

**EPISCOPAL CHRISTIAN CARING FUND OF CENTRAL FLORIDA, INC.**

Principal Place of Business

1017 E ROBINSON ST  
ORLANDO FL 32801-2023

Mailing Address

1017 E. ROBINSON ST  
ORLANDO FL 32801-2023  
US

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90019 015 \*\*\*\*61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/20/1983

4. FEI Number

59-2367721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**SAME Registered Agent. New Address**

THOMAS, ROBERT  
2145 VENETIAN WAY

P O BOX 790184

WINTER PARK FL 32789

**922 GOLFSIDE DRIVE  
PO BOX 5075**

**32793-5075**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**922 Golfside Dr**

**PO Box 5075**

83 City **Winter Park**

**FL**

85 Zip Code **32793**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

**ROBERT THOMAS TREASURER**

**5-17-99**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **DVP**  
STREET ADDRESS **THOMPSON, WARREN N**  
CITY-ST-ZIP **1017 E. ROBINSON ST  
ORLANDO FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **KUMP, MARY F**  
CITY-ST-ZIP **1100 CEDAR STREET  
LEESBURG FL**

TITLE ☐ DELETE  
NAME **DT**  
STREET ADDRESS **THOMAS, ROBERT**  
CITY-ST-ZIP **2145 VENETIAN WAY  
WINTER PARK FL**

TITLE ☐ DELETE  
NAME **DS**  
STREET ADDRESS **WEIL, M. DALE**  
CITY-ST-ZIP **2051 OAK CIRCLE  
MOUNT DORA FL 32757**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SAUNDERS, PATRICIA**  
CITY-ST-ZIP **2908 SE FORT KING ST  
OCALA FL**

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **MOKOWSKI, WILLA**  
CITY-ST-ZIP **162 CAMELLIA DRIVE  
LEESBURG FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-17-99 407-677-5651**

CR2E037 (11/98)