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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 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

81 Name

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

83 **922 Golfside Dr**
PO Box 5075

84 City **Winter Park**

85 Zip Code **FL 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 THOMPSON, WARREN N**
 STREET ADDRESS **1017 E. ROBINSON ST**
 CITY-ST-ZIP **ORLANDO FL**

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-99

Date

407-677-5651

Daytime Phone #

CR2E037 (11/98)