

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90025 001 \*\*\*\*61.25

**DOCUMENT # 768991**

1. Entity Name

**EPISCOPAL CHRISTIAN CARING FUND OF CENTRAL FLORI**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1017 E ROBINSON ST ORLANDO FL 32801-2023	Mailing Address 1017 E. ROBINSON ST ORLANDO FL 32801-2023 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2367721</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**THOMAS, ROBERT**  
**922 GOLFSIDE DR**  
**P.O. BOX 5075**  
**WINTER PARK FL 32793**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **Robert Thomas Treasurer** **4-24-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>THOMPSON, WARREN N</b> <b>1017 E. ROBINSON ST</b> <b>ORLANDO FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KUMP, MARY F</b> <b>1100 CEDAR STREET</b> <b>LEESBURG FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>THOMAS, ROBERT</b> <b>2145 VENETIAN WAY</b> <b>WINTER PARK FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>WEIL, M. DALE</b> <b>2051 OAK CIRCLE</b> <b>MOUNT DORA FL 32757</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAUNDERS, PATRICIA</b> <b>2908 SE FORT KING ST</b> <b>OCALA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>MOKOWSKI, WILLA</b> <b>162 CAMELLIA DRIVE</b> <b>LEESBURG FL</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CAROLYN BONFRISCO</b> <b>30435 TIMBERLINE DR.</b> <b>UMATILLA, FL 32784</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LOUIS TISCIONE</b> <b>1141 WOODLAND TERRACE TRAIL</b> <b>ALTAMONTE SPRINGS FL 32714</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <input checked="" type="checkbox"/> Change- <input type="checkbox"/> Addition <b>THOMAS, ROBERT</b> <b>922 GOLFSIDE DR</b> <b>WINTER PARK FL 32792</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MARVERN MERCER</b> <b>512 LANTANIA PALM DR</b> <b>INDIALANTIC FL 32903</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TED POITRAS</b> <b>27 LAKE HAMILTON BEACH</b> <b>HAINES CITY, FL 33844</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PAT SAUNDERS</b> <b>2908 SE FORT KING ST</b> <b>OCALA FL 34470</b>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED** **4-24-00** **407-677-5651**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)