2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 768991 May 03, 2000 8:00 am Secretary of State EPISCOPAL CHRISTIAN CARING FUND OF CENTRAL FLORI 05-03-2000 90025 001 ****61.25 Mailing Address Principal Place of Business 1017 E. ROBINSON ST 1017 E ROBINSON ST ORLANDO FL 32801-2023 ORLANDO FL 32801-2023 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FE! Number Applied For City & State 59-2367721 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) THOMAS, ROBERT 922 GOLFSIDE DR P.O. BOX 5075 Zin Code WINTER PARK FL 32793 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. homas KoberT SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DIRECTOR SECRETARY ☐ Change Addition TITLE TITLE AROLYN BONFRISCO NAME NAME THOMPSON, WARREN N 38435 TIMBERLINE DR. STREET ADDRESS STREET ADDRESS 1017 E. ROBINSON ST CITY-ST-ZIP UMATILLA FL 32784 CITY-ST-ZIP ORLANDO FL TITLE DIRECTOR VICE PRESIDENT Delete Đ TITLE NAME LOUIS TISCIONE KUMP, MARY F -NAME 1141 WOODLAND TERRACE TRAIL STREET ADDRESS STREET ADDRESS 1100 CEDAR STREET ALTAMONTE SPRINGS CITY-ST-ZIP CITY-ST-ZIP Leesburg Fl Change. ☐ Addition DT ☐ Delete TITLE THOMAS, ROBERT NAME THOMAS, ROBERT NAME 922 GOLFSIDE DR STREET ADDRESS STREET ADDRESS 2145 VENETIAN WAY CITY-ST-ZIP WINTER CITY-ST-ZIP PARK winter Park Fl Addition Change Delete TITLE TITLE DIRECTOR MARVERN MERCER NAME NAME weil, M. Dale 512 LANTANIA PALM DR STREET ADDRESS STREET ADDRESS 2051 OAK CIRCLE CITY-ST-ZIP CITY-ST-7IP 32903 FL INDIALANTIL Mount Dora FL 32757 ☐ Change Addition ☐ Delete DIRECTOR NAME NAME SAUNDERS, PATRICIA POITRAS TED LAKE HAMILTON BEACH STREET ADDRESS STREET ADDRESS 2908 SE FORT KING ST CITY-ST-ZIP HAINES CITY, FL 33844 CITY-ST-ZIP OCALA FL___ Change Addition ☐ Delete TITLE DIRECTOR TITLE PAT SAUNDERS NAME MOKOWSKI, WILLA NAME KING ST STREET ADDRESS STREET ADDRESS 2908 SE FORT 162 CAMELLIA DRIVE CITY-ST-ZIP OCALA CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 suppliemental 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 feceiver 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:

LEESBURG FL

SUMMED HEQUIFIED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FL

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