

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90019 027 ****61.25

DOCUMENT # 768991

1. Entity Name

EPISCOPAL CHRISTIAN CARING FUND OF CENTRAL FLORI

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2367721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVP
THOMPSON, WARREN N
1017 E. ROBINSON ST
ORLANDO FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVP
LOU TISCIONE
1141 WOODLAND TERRACE TRAIL
ALTAMONTE SPRINGS FL 32714 ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
MARVERN MERLER
7902 S. AIA
MELBOURNE BEACH FL 32951 ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
TED POITRAS
27 LAKE HAMILTON BEACH
HAINES CITY FL 33844 ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DS
PATRICIA KLINGAMAN
1420 INDIANA AVE
MOUNT DORA FL 32757 ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DO
MARY LOU GILMAN
4900 NW 27TH ST
OCALA FL 34475 ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DO
ZOLBERT NORVILLE D
ZOLBERT NORVILLE
PO BOX 10176
DAYTONA BEACH FL 32120 ☐ Change ☒ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01

Date

407-677-5651

Daytime Phone #

CR2E037 (10/00)