


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 768991
1. Entity Name
EPISCOPAL CHRISTIAN CARING FUND OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address
1017 E ROBINSON ST 1017 E. ROBINSON ST
ORLANDO, FL 32801-2023 ORLANDO, FL 32801-2023 US



02052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2367721 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
VANTURE, JR., HOMER S
322 JENNIE JEWEL DR.
ORLANDO, FL 32806

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	NORVILLE, COLBERT
STREET ADDRESS	PO BOX 10176
CITY-ST-ZIP	DAYTONA BEACH, FL 32120
TITLE	D
NAME	POITRAS, TED
STREET ADDRESS	27 LAKE HAMILTON BEACH
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	D
NAME	KINDINGER, SARAH
STREET ADDRESS	520 MERCER FERNERY RD.
CITY-ST-ZIP	DELAND, FL 32720
TITLE	DS
NAME	GILMAN, PATTI
STREET ADDRESS	1310 SE 3RD ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	DP
NAME	TOWNSEND, PATRICIA
STREET ADDRESS	5021 BURMUDA CIRCLE
CITY-ST-ZIP	ORLANDO, FL 328081730
TITLE	DT
NAME	VANTURE, HOMER
STREET ADDRESS	322 JENNIE JEWEL DR
CITY-ST-ZIP	ORLANDO, FL 32806

1100000224132
02/10/05-80070-015 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Homer S Vanture, Jr **HOMER S VANTURE, JR** 2/7/05 407-356-5886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #