


**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 1017 E ROBINSON ST ORLANDO, FL 32801-2023	Mailing Address 1017 E. ROBINSON ST ORLANDO, FL 32801-2023 US	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NORVILLE, COLBERT PO BOX 10176 DAYTONA BEACH, FL 32120	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POITRAS, TED 27 LAKE HAMILTON BEACH HAINES CITY, FL 33844	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINDINGER, SARAH 520 MERCER FERNERY RD. DELAND, FL 32720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GILMAN, PATTI 1310 SE 3RD ST OCALA, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOWNSEND, PATRICIA 5021 BURMUDA CIRCLE ORLANDO, FL 328081730	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VANTURE, HOMER 322 JENNIE JEWEL DR ORLANDO, FL 32806	
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: <u>Homer S Vanture, Jr</u> 2/7/05 407-356-5886 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2367721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/10/05-80070-015 61.25

**DO NOT WRITE
IN THIS SPACE**