

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768991

FILED
Mar 07, 2008
Secretary of State

Entity Name: EPISCOPAL CHRISTIAN CARING FUND OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1017 E ROBINSON ST
ORLANDO, FL 328012023

New Principal Place of Business:

Current Mailing Address:

1017 E ROBINSON ST
ORLANDO, FL 328012023

New Mailing Address:

FEI Number: 59-2367721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANICK, JULIE
1616 FOX GLEN
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: NORVILLE, COLBERT REV
Address: 688 CANOPY CT.
City-St-Zip: WINTER SPGS, FL 32708

Title: S () Delete
Name: CASCIO, GAIL
Address: 3008 NORTH RD
City-St-Zip: COCOA, FL 32926

Title: P () Delete
Name: STANICK, JULIE
Address: 1616 FOY GLEN CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T () Delete
Name: NUNEZ, TIMOTHY REV
Address: 5750 SE 115TH ST
City-St-Zip: BELLEVIEW, FL 34420

Title: D () Delete
Name: TOWNSEND, PATRICIA
Address: 5021 BURMUDA CIRCLE
City-St-Zip: ORLANDO, FL 328081730

Title: D () Delete
Name: WOOLARD, LYNN
Address: 971 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: STANICK, JULIE
Address: 1616 FOX GLEN CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T (X) Change () Addition
Name: BUECHNER, DEBORAH REV
Address: 1078 COASTAL CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH BUECHNER

T

03/07/2008

Electronic Signature of Signing Officer or Director

_____ Date