

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90232 003 \*\*\*\*61.25

**DOCUMENT # 769708**



1. Entity Name  
**THE EPISCOPAL CONFERENCE CENTER, DIOCESE OF SOUTHWEST FLORIDA, INCORPORATED**

Principal Place of Business      Mailing Address  
**8411 25TH STREET EAST      8411 25TH STREET EAST**  
**PARRISH FL 34219              PARRISH FL 34219**

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 **59-2629809**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**MCLAUGHLIN, GEORGE F**  
**8411 25TH ST. E.**  
**PARRISH FL 34219**

**7. Name and Address of New Registered Agent**

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

SIGNATURE *George F M'Laughlin*      **George F M'Laughlin CFO**      **1/6/03**  
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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TRIPP, THEODORE L JR</b>	
STREET ADDRESS	<b>2532 1ST ST.</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33901</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MURRAY, JACK</b>	
STREET ADDRESS	<b>777 S HARBOUR ISLAND BLVD STE 765</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, ELIZABETH</b>	
STREET ADDRESS	<b>704 WATERFORD DR #101</b>	
CITY-ST-ZIP	<b>NAPLES FL 34113</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KLINE, JOAN</b>	
STREET ADDRESS	<b>10297 MONARCH DR</b>	
CITY-ST-ZIP	<b>LARGO FL 33774</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> Delete
NAME	<b>LIPSCOMB, JOHN B</b>	
STREET ADDRESS	<b>3902 71ST STREET EAST</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Rosemary Benoit*      **Rosemary Benoit**      **1/6/03**      **(941) 776-1018**  
Signature      Daytime Phone #

CR2E037 (10/02)