


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #	N15048	(4)
1. Corporation Name ECUMENICAL CENTER, INC.		



Principal Place of Business C/O ROBERT L. CRAMER 924 N. MAGNOLIA AVE. #100 ORLANDO FL 32803	Mailing Address C/O ROBERT L. CRAMER 924 N. MAGNOLIA AVE. #100 ORLANDO FL 32803
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/22/1986 3a. Date of Last Report 05/01/1995 4. FEI Number 59-2724280 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes
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9. Name and Address of Current Registered Agent BOGNER, JAMES B. 225 E. ROBINSON STREET SUITE 600, TWOO LANDMARK CENTR ORLANDO FL 32801	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HORLANDER, WALTER 924 N MAGNOLIA AVE #236 ORLANDO FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VSTD CRAMER, ROBERT L. 2109 TUSCARORA TR. MAITLAND FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D RICHARDSON, ROGER 924 N. MAGNOLIA AVE. #100 ORLANDO FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D WOOD, EMILY C. 1936 POINSETTA LANE MAITLAND FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D GENTLE, JIMMIE 924 N. MAGNOLIA AVE. #248 ORLANDO FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	VD BOLLINGER, RALPH 9 NORTH LAKE DR., #8 ORANGE CITY FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert L. Cramer ROBERT L. CRAMER 6-17-96 407-647-4470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)

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ECUMENICAL CENTER, INC.

Attachment to Annual Report - 1996

<u>Title</u>	<u>Names of Officers and Directors</u>	<u>Street Address</u>	<u>City and State</u>
VD	Merritt, Donald	315 Kenzel Ct.	Merritt Island, FL 32953
D	Larsen, Rev. Lloyd	9300 University Blvd.	Orlando, FL 32812
D	Smith, Dr. Robert	620 S. Grandview Ave.	Daytona Beach, FL 32118
D	Stelene, Larue	2520 Anaconda Trail	Maitland, FL 32763