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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		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

Mailing Address

C/O ROBERT L. CRAMER  
924 N. MAGNOLIA AVE. #100  
ORLANDO FL 32803

C/O ROBERT L. CRAMER  
924 N. MAGNOLIA AVE. #100  
ORLANDO FL 32803

3. Date Incorporated or Qualified

**05/22/1986**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2724280**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOGNER, JAMES B.**  
**225 E. ROBINSON STREET**  
**SUITE 600, TWO LANDMARK CENTR**  
**ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HORLANDER, WALTER	
STREET ADDRESS	924 N MAGNOLIA AVE #236	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	CRAMER, ROBERT L.	
STREET ADDRESS	2109 TUSCARORA TR.	
CITY - ST - ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON, ROGER	
STREET ADDRESS	924 N. MAGNOLIA AVE. #100	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOOD, EMILY C.	
STREET ADDRESS	1936 POINSETTA LANE	
CITY - ST - ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GENTLE, JIMMIE	
STREET ADDRESS	924 N. MAGNOLIA AVE. #248	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOLLINGER, RALPH	
STREET ADDRESS	9 NORTH LAKE DR., #8	
CITY - ST - ZIP	ORANGE CITY FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VD</b>
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-18-97**

Date

**407-647-4478**

Daytime Phone #

CR2E037 (12/95)

ECUMENICAL CENTER, INC.

ATTACHMENT TO ANNUAL REPORT - 1997

<u>TITLE</u>	<u>NAMES OF OFFICERS &amp; DIRECTORS</u>	<u>STREET ADDRESS</u>	<u>CITY &amp; STATE</u>
D	ALDRED, DONALD	1949 EAST CHAPEL DRIVE	DELTONA, FL 32788
D	IRWIN, RAY	6907 ALOMA AVE., APT #13	WINTER PARK, FL 32792
D	LARSEN, REV. LLOYD	9300 UNIVERSITY BLVD.	ORLANDO, FL 32817
D	NEWTON, DONALD	621 VIA MILANO CIRCLE	APOPKA, FL 32712
D	NIXON, DAVID	3377 ALOMA AVENUE	WINTER PARK, FL 32792
D	MORRIS, FRED	924 N. MAGNOLIA AVE, ST 236	ORLANDO, FL 32803
D	SMITH, DR. ROBERT	620 S. GRANDVIEW AVE.	DAYTONA BEACH, FL 32118