

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90159 023 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15048

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2724280	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

BOGNER, JAMES B.
225 E. ROBINSON STREET
SUITE 600, TWO 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

FL

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORLANDER, WALTER	1.2 NAME	
STREET ADDRESS	924 N MAGNOLIA AVE #236	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMER, ROBERT L.	2.2 NAME	TD
STREET ADDRESS	2109 TUSCARORA TR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, ROGER	3.2 NAME	VD
STREET ADDRESS	924 N. MAGNOLIA AVE. #100	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, EMILY C.	4.2 NAME	
STREET ADDRESS	1936 POINSETTA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTLE, JIMMIE	5.2 NAME	D
STREET ADDRESS	924 N. MAGNOLIA AVE. #248	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, FRED	6.2 NAME	SD
STREET ADDRESS	924 N MAGNOLIA AVE #236	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Robert L. Cramer

3/27/99

407/647-4478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

389848-90159-23

N15048

ECUMENICAL CENTER, INC.,
ATTACHMENT TO ANNUAL REPORT - 1999

<u>TITLE</u>	<u>NAMES OF OFFICERS & DIRECTORS</u>	<u>STREET ADDRESS</u>	<u>CITY & STATE</u>
D	SMITH, DR. ROBERT	5650 N. WICKHAM RD.	MELBOURNE, FL 32940
PD	HILLERY, JIM	920 PLATO	ORLANDO, FL 32809
D	NEWTON, DONALD	621 VIA MILANO CIRCLE	APOPKA, FL 32712
D	HITT, ROD	428 TWISTING PINE CIR	LONGWOOD, FL 32779