

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90289 050 ****61.25

DOCUMENT # N15048

1. Entity Name

ECUMENICAL CENTER, INC.

915501



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2724280

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

MARCHMAN, KENNETH R.

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

227 W. PARK AVENUE

City

WINTER PARK

FL

Zip Code

32789

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

Kenneth R. Marchman

DATE

1/30/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
 NAME **CRAMER, ROBERT L.**
 STREET ADDRESS **2109 TUSCARORA TR.**
 CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **RICHARDSON, ROGER**
 STREET ADDRESS **924 N. MAGNOLIA AVE. #100**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WOOD, EMILY C.**
 STREET ADDRESS **1936 POINSETTA LANE**
 CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **MORRIS, FRED**
 STREET ADDRESS **924 N MAGNOLIA AVE #236**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **PD** ☒ Change ☐ Addition
 NAME **MORRIS, FRED**
 STREET ADDRESS **924 N. MAGNOLIA #304**
 CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
 NAME **GENTLEY, CAROL**
 STREET ADDRESS **3200 RAEFORD RD.**
 CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **MORRISON, WILLIAM**
 STREET ADDRESS **924 N. MAGNOLIA AVE. #200**
 CITY-ST-ZIP **ORLANDO, FL 32803**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT L. CRAMER

1-30-01

407-647-4478

Date

Daytime Phone #

CR2E037 (10/00)

ECUMENICAL CENTER, INC.

ATTACHMENT TO ANNUAL REPORT - 2001

Attachment
913501
N 15048

<u>TITLE</u>	<u>NAMES OF OFFICERS & DIRECTORS</u>	<u>STREET ADDRESS</u>	<u>CITY & STATE</u>
D	HILLERY, JAMES	920 PLATO	ORLANDO, FL 32809
D	NEWTON, DONALD	621 VIA MILANO CIRCLE	APOPKA, FL 32712
D	SHIREK, JACK	P. O. BOX 568831	ORLANDO, FL 32856
D	TRACY, JOHN	1052 MONTCALM ST.	ORLANDO, FL 32806