

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

0012413

**DOCUMENT # N15048**

1. Entity Name

**ECUMENICAL CENTER, INC.**

04-07-2002 90054 013 \*\*\*\*61.25

Principal Place of Business Mailing Address  
C/O ROBERT L. CRAMER C/O ROBERT L. CRAMER  
924 N. MAGNOLIA AVE. #100 924 N. MAGNOLIA AVE. #100  
ORLANDO FL 32803 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

**MARCHMAN, KENNETH R**  
**227 W PARK AVENUE**  
**WINTER PARK FL 32789**

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.

SIGNATURE

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	CRAMER, ROBERT L.	
STREET ADDRESS	2109 TUSCARORA TR.	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VD	<input checked="" 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	PD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, FRED	
STREET ADDRESS	924 N MAGNOLIA #304	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GENTRY, CAROL	
STREET ADDRESS	3200 RAEFORD ROAD	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, WILLIAM	
STREET ADDRESS	924 N MAGNOLIA AVE #200	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE	VRD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWIN W. PETERSON	
STREET ADDRESS	924 N. MAGNOLIA AVE., ST #100	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN TRACY	
STREET ADDRESS	1052 MONTCALM ROAD	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK SHIREK	
STREET ADDRESS	P.O. BOX 568831	
CITY-ST-ZIP	ORLANDO, FL 32856	
TITLE	RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM HILLERY	
STREET ADDRESS	920 PLATO AVE.	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD NEWTON	
STREET ADDRESS	621 VIA MILANO CIRCLE	
CITY-ST-ZIP	APOPKA, FL 32779	
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:** *Robert L. Cramer* **ROBERT L. CRAMER** 3-26-02 407-647-4478  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)