

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15048

**FILED**  
**Jan 31, 2004**  
**Secretary of State****Entity Name:** ECUMENICAL CENTER, INC.**Current Principal Place of Business:**C/O ROBERT L. CRAMER  
924 N. MAGNOLIA AVE. #100  
ORLANDO, FL 32803**New Principal Place of Business:****Current Mailing Address:**C/O ROBERT L. CRAMER  
924 N. MAGNOLIA AVE. #100  
ORLANDO, FL 32803**New Mailing Address:****FEI Number:** 59-2724280      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MARCHMAN, KENNETH R  
227 W PARK AVENUE  
WINTER PARK, FL 32789      US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** TD      ( ) Delete  
**Name:** CRAMER, ROBERT L.,  
**Address:** 2109 TUSCARORA TR.  
**City-St-Zip:** MAITLAND, FL**Title:** D      ( ) Delete  
**Name:** TRACY, JOHN  
**Address:** 1052 MOUNTCALM RD  
**City-St-Zip:** ORLANDO, FL 32806**Title:** D      ( ) Delete  
**Name:** WOOD, EMILY C.,  
**Address:** 1936 POINSETTA LANE  
**City-St-Zip:** MAITLAND, FL**Title:** D      ( ) Delete  
**Name:** HILLERY, JIM  
**Address:** 920 PLATO AVE  
**City-St-Zip:** ORLANDO, FL 32809**Title:** SD      ( ) Delete  
**Name:** GENTRY, CAROL  
**Address:** 3200 RAEFORD ROAD  
**City-St-Zip:** ORLANDO, FL 32806**Title:** VPD      ( ) Delete  
**Name:** MORRISON, WILLIAM  
**Address:** 924 N MAGNOLIA AVE #200  
**City-St-Zip:** ORLANDO, FL 32803**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** TD      (X) Change ( ) Addition  
**Name:** CRAMER, ROBERT L.,  
**Address:** 2109 TUSCARORA TR.  
**City-St-Zip:** MAITLAND, FL 32751**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D      (X) Change ( ) Addition  
**Name:** WOOD, EMILY C.,  
**Address:** 1936 POINSETTA LANE  
**City-St-Zip:** MAITLAND, FL 32751**Title:** DP      (X) Change ( ) Addition  
**Name:** HILLERY, JIM  
**Address:** 920 PLATO AVE  
**City-St-Zip:** ORLANDO, FL 32809**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D      (X) Change ( ) Addition  
**Name:** MORRISON, WILLIAM C REV.  
**Address:** 924 N MAGNOLIA AVE #200  
**City-St-Zip:** ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. CRAMER

DT

01/31/2004

Electronic Signature of Signing Officer or Director

Date

SCOTT HASELWOOD - D  
2671 VINE ST.  
ORLANDO, FL 32806

EDWIN PETERSON, REV. DR. - DVP  
924 N. MAGNOLIA AVE., STE #100  
ORLANDO, FL 32803

JACK SHIREK - D  
P. O. BOX 568831  
ORLANDO, FL 32856

PAIGE MCRIGHT, REV. DR. - D  
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