

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15048

FILED
Apr 19, 2005
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 32751

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 32751

Title: DP () 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: D () Delete
Name: MORRISON, WILLIAM C REV.
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: DP (X) Change () Addition
Name: PETERSON, EDWARD REV
Address: 924 N. MAGNOLIA AVE., STE #100
City-St-Zip: ORLANDO, FL 32803

Title: DVP (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: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/19/2005

Electronic Signature of Signing Officer or Director

Date