

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15048

FILED  
Mar 17, 2008  
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: DP ( ) Delete  
Name: PETERSON, EDWARD REV  
Address: 924 N. MAGNOLIA AVE., STE #100  
City-St-Zip: ORLANDO, FL 32803

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

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

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

Title: DVP (X) Change ( ) Addition  
Name: HASSELWOOD, SCOTT  
Address: 2671 VINE ST  
City-St-Zip: ORLANDO, FL 32806

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 exemption stated in Chapter 119, 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

TREA

03/17/2008

Electronic Signature of Signing Officer or Director

Date