2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# N15048

Entity Name: ECUMENICAL CENTER, INC.

Current Principal Place of Business:

C/O GROVER CRAWFORD
924 N. MAGNOLIA AVE. #100
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

C/O GROVER CRAWFORD
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:

CRAWFORD, GROVER
849 PATRIOTS POINT DRIVE
OCOEE, FL 34761 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
Name: CRAWFORD, GROVER
Address: 849 PATRIOTS POINT DRIVE
City-St-Zip: OCOEE, FL 34761

Title: DVP
Name: TRACY, JOHN
Address: 1052 MOUNTCALM RD
City-St-Zip: ORLANDO, FL 32806

Title: SD
Name: SCHIREK, JACK MR.
Address: PO BOX 568831
City-St-Zip: ORLANDO, FL 32856

Title: D
Name: MCRIGHT, PAIGE REV
Address: 924 N. MAGNOLIA AVE. STE. 100
City-St-Zip: ORLANDO, FL 32803

Title: D
Name: YE, K.C
Address: 5555 OXFORD MOOR BLVD
City-St-Zip: WINDERMERE, FL 34786

Title: DP
Name: PETERSON, EDWIN
Address: 924 N MAGNOLIA AVE #200
City-St-Zip: ORLANDO, FL 32803

I hereby 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 all other like empowered.

SIGNATURE: GROVER CRAWFORD TREA 05/01/2012

Electronic Signature of Signing Officer or Director — Date