


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N94000004747 (1)

1. Corporation Name

EVANGELICAL FRANCISCAN COMMUNITY OF THE CROSS, I  
NC.

Principal Place of Business

Mailing Address

932 W SMITH STREET  
ORLANDO FL 32804

932 W SMITH STREET  
ORLANDO FL 32804-5230

3. Date Incorporated or Qualified  
09/23/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 932 W. Smith Street

2a. Mailing Address

26 932 W. Smith Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Orlando, FL

27 City & State

28 Orlando, FL

Zip

24 32804

Country

25 ORANGE

Zip

29 32804-5230

Country

30 ORANGE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

N/A

LANGSTON, JAMES  
932 W SMITH STREET  
ORLANDO FL 32804

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE  
NAME LANGSTON, JAMES E  
STREET ADDRESS 932 WEST SMITH ST  
CITY-ST-ZIP ORLANDO FL

TITLE S ☒ DELETE  
NAME BALL, MARIANNE  
STREET ADDRESS 3013 INDIAN DR  
CITY-ST-ZIP ORLANDO FL

TITLE V ☐ DELETE  
NAME MOTTOLO, FRANK P  
STREET ADDRESS 601 GRAND ST  
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE  
NAME GARONE, ANTHONY  
STREET ADDRESS 104 ANDROS AVE NE  
CITY-ST-ZIP LAKE PLACID FL

TITLE D ☒ DELETE  
NAME JAMES, BARBARA  
STREET ADDRESS 143 LINCOLN RD NW  
CITY-ST-ZIP LAKE PLACID FL

TITLE D ☐ DELETE  
NAME ANDY SMITH, JR  
STREET ADDRESS 932 WEST SMITH ST  
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Treasurer ☐ Change ☒ Addition  
1.2 NAME LANGSTON, James E.  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Vice-Pres./Secretary ☐ Change ☒ Addition  
3.2 NAME MOTTOLO, Frank P.  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

May 22 1997 (117) 403 7096

CR2E037 (9/96)