

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769708

**Entity Name:** THE EPISCOPAL CONFERENCE CENTER, DIOCESE OF  
SOUTHWEST FLORIDA, INCORPORATED

**Current Principal Place of Business:**

8411 25TH STREET EAST  
PARRISH, FL 34219

**Current Mailing Address:**

P. O. BOX 661  
ELLENTON, FL 34222

**FEI Number: 59-2629809**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

VICKERS, ANNE M  
8005 25TH ST. E.  
PARRISH, FL 34219 US

*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

**Officer/Director Detail :**

Title TREA  
Name VICKERS, ANNE M  
Address 8005 25TH ST. E.  
City-State-Zip: PARRISH FL 34219

Title PRESIDENT  
Name SMITH, DABNEY RT. REV  
Address 8005 25TH ST. E.  
City-State-Zip: PARRISH FL 34219

Title EXDI  
Name ODELL, CARLA J  
Address 8528 25TH ST E  
City-State-Zip: PARRISH FL 34219

Title VP  
Name SCHARF, DOUG THE VERY REV.  
Address 604 N VALRICO RD.  
City-State-Zip: VALRICO FL 33594

*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: CARLA J. ODELL

EXECUTIVE DIRECTOR

04/13/2015

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date