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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # N47704 (4)

1. Corporation Name

CENTRAL FLORIDA CHAPTER OF THE ASSOCIATION FOR D EATH EDUCATION AND COUNSELING, INC.

Principal Place of Business	Mailing Address
1382 WALTHAM AVE ORLANDO FL 32809	4322 WALTHAM AVE ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1992
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-3203866 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 994 E. Altamonte Dr.
22: Suite, Apt. #, etc.
23: Altamonte Spgs, FL
24: Zip 32701 25: County Seminole

2a. Mailing Address
26: 994 E. Altamonte Dr.
27: Suite, Apt. #, etc.
28: Altamonte Spgs, FL
29: Zip 32701 30: County Seminole

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MOORE, KATHLEEN G.
1322 WALTHAM AVE
ORLANDO FL 32809

10. Name and Address of New Registered Agent

91 Name: HOOD, Theresa E.
92 Street Address (P.O. Box Number is Not Acceptable): 994 E. Altamonte Drive
93:
94 City: Altamonte Springs FL 95 Zip Code: 32701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Theresa E. Hood (TESE) Theresa E Hood DATE: 1-19-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DP~~ Director	1.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	FOLKEN, MOLLY	1.2 NAME	Theresa E. Hood	
STREET ADDRESS	1215 WINTERBERRY LANE	1.3 STREET ADDRESS	689 Aberdeen Lane.	
CITY-ST-ZIP	FERN PARK FL	1.4 CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	~~DS~~ Director	2.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	SCOTT, SHIRLEY	2.2 NAME	Thomas Gillan	
STREET ADDRESS	2918 WALNUT ST.	2.3 STREET ADDRESS	1591 Warrington	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	~~DT~~ Director & Vice Pres.	3.1 TITLE	President	☐ Change ☒ Addition
NAME	MOORE, KATHLEEN G.	3.2 NAME	Sally A. Kopke	
STREET ADDRESS	1322 WALTHAM AVE	3.3 STREET ADDRESS	3225 Heartwood Avenue	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Winter Park FL 32792	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Theresa E Hood Tese 1/19/95 (407) 831-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004324