# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

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 |
|---|---|
| 994 E. ALTAMONTE DRIVE<br>ALTAMONTE SPRING FL 32701<br>US | 994 E. ALTAMONTE DRIVE<br>ALTAMONTE SPRINGS FL 32701<br>US |

3. Date Incorporated or Qualified: 03/04/1992
3a. Date of Last Report: 04/14/1995

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 994 E. Altamonte Dr. | 26 994 E Altamonte Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 Altamonte Springs, FL | 27 Altamonte Springs, FL |
| City & State | City & State |
| 23 | 28 |
| Zip 24 32701 Country 25 U.S. | Zip 29 32708 Country 30 U.S. |

4. FEI Number: 59-3203866 ☐ 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**

HOOD, THERESA E
994 E, ALTAMONTE DRIVE
ALTAMONTE SPRINGS FL 32701

**10. Name and Address of New Registered Agent**

81 Name: Theresa E. Hood
82 Street Address (P.O. Box Number is Not Acceptable): 994 E. Altamonte Drive.
83 Altamonte Springs FL
84 City FL 85 Zip Code 32701

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: Theresa E. Hood (Treasurer) DATE: 1/26/96
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 | T | ☐ DELETE | 1.1 TITLE | JT | ☐ Change ☐ Addition |
| NAME | HOOD, THERESA E | | 1.2 NAME | | |
| STREET ADDRESS | 689 ABERDEEN LANE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER SPRINGS FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 2.1 TITLE | DS | ☐ Change ☐ Addition |
| NAME | GILLAN, THOMAS | | 2.2 NAME | | |
| STREET ADDRESS | 1591 WARRINGTON | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER SPRINGS FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | DT | ☐ DELETE | 3.1 TITLE | JP | ☒ Change ☐ Addition |
| NAME | MOORE, KATHLEEN G. | | 3.2 NAME | Kathleen Moore | |
| STREET ADDRESS | 1322 WALTHAM AVE | | 3.3 STREET ADDRESS | 1419 E. Robinson St. Ste. #2 | |
| CITY-ST-ZIP | ORLANDO FL | | 3.4 CITY-ST-ZIP | orlando FL 32801 | |
| TITLE | P | ☒ DELETE | 4.1 TITLE | DV | ☐ Change ☒ Addition |
| NAME | KOPKE, SALLY A | | 4.2 NAME | Belinda Judge | |
| STREET ADDRESS | 3225 HEARTWOOD AVENUE | | 4.3 STREET ADDRESS | 4106 W. Lk Mary Blvd. Ste. 205 | |
| CITY-ST-ZIP | WINTER PARK FL | | 4.4 CITY-ST-ZIP | Lake Mary, FL 32746 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | 700001748517 | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | -03/19/96--01025--031 | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | ***61.25 | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (12/95)

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)(k), 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 Theresa E. Hood 1/26/96 (407) 831-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #