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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 ALTAMONTE SPRING FL 32701 US	994 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701-5004 US

3. Date Incorporated or Qualified: 03/04/1992
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business
21: 301 N.E. Ivanhoe Blvd.
22: Suite, Apt. #, etc.
23: City & State: Orlando FL
24: Zip: 32804
25: Country: USA

2a. Mailing Address
26: 301 N.E. Ivanhoe Blvd.
27: Suite, Apt. #, etc.
28: City & State: Orlando FL
29: Zip: 32804
30: Country: USA

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): Community Programs
83: 301 N.E. Ivanhoe Blvd.
84 City: Orlando FL 85 Zip Code: 32804

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 Treas. Theresa E. Hood 1/20/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE	☐ 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	SD	☐ DELETE	2.1 TITLE	☐ 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	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, KATHLEEN G.		3.2 NAME	
STREET ADDRESS	1419 E ROBINSON ST SUITE 2		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JUDGE, BELINDA		4.2 NAME	
STREET ADDRESS	4106 W LAKE MARY BLVD SUITE 205		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746		4.4 CITY-ST-ZIP	
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	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: Theresa E. Hood 1/21/97 (407) 894-0507 x233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone