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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47704** ✓

1. Corporation Name

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

615960 - 90007 - 11

Principal Place of Business	Mailing Address
301 N E IVANHOE BLVD ORLANDO FL 32804 US	P O BOX 1021 GOLDENROD FL 32733 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/04/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3203866 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HOOD, THERESA E CF ADEC
689 ABERDEEN LANE
~~301 N E IVANHOE BLVD.~~
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name: Theresa E. Hood
82 Street Address (P.O. Box Number is Not Acceptable): ~~689 Aberdeen~~ 689 Aberdeen Lane
83
84 City: Winter Springs FL 85 Zip Code: 32708

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 — Theresa E. Hood (TD) — 9/8/99
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	VOGEL, GARY		3.2 NAME		
STREET ADDRESS	1954 HOWELL BRANCH ROAD, STE 106		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32892		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Theresa E. Hood — **SIGNATURE REQUIRED** — Theresa E. Hood (TD) — 9/8/99 — (407)699-6406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #