2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90020 041 ****61.25

DOCUMENT # N47704

1. Entity Name
CENTRAL FLORIDA CHAPTER OF THE ASSOCIATION FOR DEATH EDUCATION AND COUNSELING, INC.

Principal Place of Business	Mailing Address
301 N E IVANHOE BLVD ORLANDO, FL 32804 US	P O BOX 560676 ORLANDO, FL 32856-0676 US

J42033841

02292004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHIVELY, TRACEY
1821 CANTON STREET
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name Denise Anderson
Street Address (P.O. Box Number is Not Acceptable) 321 Streamview Way
City Winter Springs FL Zip Code 32708

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Denise Anderson Denise Anderson, Treasurer 4/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHIVELY, TRACEY 1821 CANTON STREET ORLANDO, FL 32803	☐ Delete	TD Anderson, Denise PO Box 195455 Winter Springs, FL 32719-5455	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOPKE, SALLY 301 NORTHEAST IVANHOE BLVD. ORLANDO, FL 32804	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KELLY-SPENCER, KIM PO BOX 149083 ORLANDO, FL 32814	☐ Delete	SD Carlson, Jessica 1000 Executive Dr, #9 Oviedo, FL 32765	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LOMBARDO, MICHAEL 601 E. ALTAMONTE DR. ALTAMONTE SPRINGS, FL 32701	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denise Anderson Denise Anderson 4/13/04 (407)247-9013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #