2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005
Secretary of State

DOCUMENT# N47704

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

Current Principal Place of Business:

301 N E IVANHOE BLVD
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 560676
ORLANDO, FL 328560676 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, DENISE
321 STREAMVIEW WAY
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: ANDERSON, DENISE
Address: P.O. BOX 195455
City-St-Zip: WINTER SPRINGS, FL 327195455

Title: PD ( ) Delete
Name: KOPKE, SALLY
Address: 301 NORTHEAST IVANHOE BLVD.
City-St-Zip: ORLANDO, FL 32804

Title: SD ( ) Delete
Name: CARLSON, JESSICA
Address: 100 EXECUTIVE DR., #9
City-St-Zip: OVIEDO, FL 32765

Title: VD ( ) Delete
Name: LOMBARDO, MICHAEL
Address: 601 E. ALTAMONTE DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: ANDRADE, BERYL
Address: P.O. BOX 1800
City-St-Zip: ORLANDO, FL 32802

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE ANDERSON TD 03/28/2005

Electronic Signature of Signing Officer or Director — Date