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Secretary of State
05-04-2006 90210 048 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N47704

40083377

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

05012006 Chg-NP CR2E037 (4/06)

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 ☐ $6.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, DENISE 321 STREAMVIEW WAY WINTER SPRINGS, FL 32708	Name: SALLY KOPKE Street Address (P.O. Box Number is Not Acceptable): 994 E. ALTAMONTE DR City: ALTAMONTE SPRINGS FL Zip Code: 32701

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: SALLY KOPKE Sally Kopke 5-2-06
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 September 6, 2006

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 ANDERSON, DENISE P.O. BOX 195455 WINTER SPRINGS, FL 327195455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SALLY KOPKE 994 E. ALTAMONTE DR ALTAMONTE SPRINGS FL 32701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOPKE, SALLY 301 NORTHEAST IVANHOE BLVD. ORLANDO, FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BERYL ANDRADE P.O BOX 1800 ORLANDO, FL 32802	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARLSON, JESSICA 100 EXECUTIVE DR., #9 OVIEDO, FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KIM MADISON P.O BOX 149083 ORLANDO, FL 32814	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ANDRADE, BERYL P.O. BOX 1800 ORLANDO, FL 32802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DENISE ANDERSON P.O BOX 195455 WINTER SPRINGS FL 32719	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sally Kopke 5-2-06 407 831-5020
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

SALLY KOPKE