2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# N47704

Entity Name: COLLABORATIVE FOR END OF LIFE AND GRIEF EDUCATION, INC.

Current Principal Place of Business:

127 WEST FAIRBANKS AVE. #339
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

127 WEST FAIRBANKS AVE. #339
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-3203866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CASEY, CLAUDIA
127 WEST FAIRBANKS AVE. #339
WINTER PARK, FL 32789 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
Name: CASEY, CLAUDIA
Address: 127 WEST FAIRBANKS AVE. #339
City-St-Zip: WINTER PARK, FL 32789

Title: PD
Name: KOPKE, SALLY
Address: 127 WEST FAIRBANKS AVE #339
City-St-Zip: WINTER PARK, FL 32789

Title: VD
Name: PITKETHLY, OLIVIA
Address: 127 WEST FAIRBANKS AVE. #339
City-St-Zip: WINTER PARK, FL 32789

Title: SD
Name: BURROUGHS, HEATHER
Address: 127 WEST FAIRBANKS AVE. #339
City-St-Zip: WINTER PARK, FL 32789

Title: MD
Name: KLOEPPER, MARY
Address: 127 WEST FAIRBANKS AVE. #339
City-St-Zip: WINTER PARK, FL 32789

Title: PD
Name: ISSEN, ALLISON
Address: 127 WEST FAIRBANKS AVE. #339
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: CLAUDIA CASEY TD 04/28/2011

Electronic Signature of Signing Officer or Director Date