2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90208 043 ****61.25

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DOCUMENT # N47704

1. Entity Name
CENTRAL FLORIDA CHAPTER OF THE ASSOCIATION FOR D EATH 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

☑ CHECK HERE IF MAKING CHANGES

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 59-3203866 ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

SCOTT, SHIRLEY
2918 WALNUT STREET
ORLANDO FL 32406

7. Name and Address of New Registered Agent

Name Tracey Shively
Street Address (P.O. Box Number is Not Acceptable) 1821 Canton Street
City Orlando, FL 32803 **FL** Zip Code

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 Tracey E Shively 5/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 SCOTT, SHIRLEY A 2918 WALNUT STREET ORLANDO FL 32806	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Tracey Shively 1821 Canton Street Orlando, FL 32803	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KRAMLINGER, MAUREEN 500 WOODVIEW DRIVE LONGWOOD FL 32779	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Sally Kopke 301 Northeast Ivanhoe Blvd Orlando, FL 32804	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KELLY-SPENCER, KIM PO BOX 149083 ORLANDO FL 32814	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD michael Lombardo 601 E. A Hammte Dr. Altamonte Springs, FL 32701	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VOGEL, GARY 1954 HOWELL BRANCH RD #106 WINTER PARK FL 32892	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Kim Kelley-Spencer P.O. Box 149083 Orlando, FL 32814	☑ 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

CR2E037 (10/02)

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: Tracey E Shively 5/13/03 (407)317-7430 X2179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FAX REQUIRED