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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41402

1. Corporation Name

US

ASSOCIATION FOR DEATH EDUCATION & COUNSELING - S OUTH FLORIDA CHAPTER, INC.

Principal Place of Business	
20191 E COUNTRY CLUB DR	
TH-1	
AVENTURA EL 33180	

Mailing Address

20191 E COUNTRY CLUB DR

AVENTURA FL 33180

US

FILED Mar 03, 1999 8:00 am § Secretary of State

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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND	- III	DC IN 40
Mac 66 To AN	Change	Addition
NAME GRANT, ANN 1.2 NAME ABOUT AND TRAIL #101	-	•
STREET ADDRESS 901 CYPRESS GROVE DRIVE 1.3 STREET ADDRESS 3.00 CCEPTS		
CITY-ST-ZIP POMPANO BEACH FL 33069 14CITY-ST-ZIP JOPITER FL 33417533	<u> </u>	
TITLE D DELETE 2.1 TITLE	Change	Addition
NAME STAUBER, PAT 2.2 NAME		
STREET ADDRESS 2524 REGATTA AVENUE 2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33140 2.4 CITY-ST-ZIP		.
TITLE S DELETE 3.1 TITLE	Change	Addition
NAME KAYE, JENNIFER 3.2 NAME	•	~
STREET ADDRESS 640 N.E. 98TH STREET 3.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI SHORES FL 33136 3.4. CITY-ST-ZIP	<u></u>	
TITLE TD DELETE 4.1 TITLE	Change	Addition
NAME KAPLAN, BARRY 4.2 NAME		
STREET ADDRESS 20191 EAST COUNTRY CLUB DRIVE TH-1 4.3 STREET ADDRESS		
CITY-ST-ZIP AVENTURA FL 4.4 CITY-ST-ZIP		
TITLE DELETE 5.1 TITLE	☐ Change	☐ Addition
NAME 5.2 NAME	<i>t</i>	,
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STREET ADDRESS 5.3 STREET ADDRESS	i i	
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STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change	Addition
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP	Change	Addition
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME 6.2 NAME	Change	Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

GIGNATURE: BRUY SHAWARE BARRYUKAPTAN

47/99 305936-887

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