

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 25, 2004  
Secretary of State**

DOCUMENT# N41402

Entity Name: ASSOCIATION FOR DEATH EDUCATION & COUNSELING - SOUTH FLORIDA CHAPTER, INC.

**Current Principal Place of Business:**

SF-ADEC  
1521 ALTON ROAD # 199  
MIAMI, FL 33139 US

**New Principal Place of Business:**

SF-ADEC  
12555 BISCAYNE BOULEVARD #930  
MIAMI, FL 33181 US

**Current Mailing Address:**

SF-ADEC  
1521 ALTON ROAD # 199  
MIAMI, FL 33139 US

**New Mailing Address:**

SF-ADEC  
12555 BISCAYNE BOULEVARD #930  
MIAMI, FL 33181 US

FEI Number: 65-0326436      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAY, JENNIFER  
640 NE 98 STREET  
MIAMI SHORES, FL 33138 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: PD ( ) Delete  
Name: ABESS, JOAN  
Address: 200 OCEAN TRAIL - #101  
City-St-Zip: JUPITER, FL 334775511

Title: D ( ) Delete  
Name: DIXON, MARNY  
Address: 1450 MADRUGA AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: T ( ) Delete  
Name: KAY, JENNIFER  
Address: 640 N.E. 98TH STREET  
City-St-Zip: MIAMI SHORES, FL 33136

Title: SD ( ) Delete  
Name: DOROTHY, SASMOR  
Address: 9485 SUNSET DR, #A202  
City-St-Zip: MIAMI, FL 33173

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

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: JENNIFER KAY, TREASURER

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03/25/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date