

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 19, 2007
Secretary of State**

DOCUMENT# N41402

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

SASMOR, DOROTHY
9485 SUNSET DRIVE
SUITE A202
MIAMI, FL 33173 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 Chapter 119, 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: DOROTHY SASMOR

DR

02/19/2007

Electronic Signature of Signing Officer or Director

_____ Date