

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90012 012 ****61.25

DOCUMENT # N47704

1. Entity Name

CENTRAL FLORIDA CHAPTER OF THE ASSOCIATION
FOR DEATH EDUCATION AND COUNSELING, INC.



Principal Place of Business

301 N E IVANHOE BLVD
ORLANDO FL 32804
US

Mailing Address

P O BOX 560676
ORLANDO FL 32856-0676
US

2. Principal Place of Business - No P.O. Box #

480 W. Central Parkway

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip 32714

Country Seminole

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

KOPKE, SALLY
994 EAST ALTAMONTE DR
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name

Katharine White

Street Address (P.O. Box Number is Not Acceptable)

480 W. Central Parkway

City

Altamonte Springs

FL

Zip Code

32714

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

Katharine White

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
Due By May 1, 2007

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

TITLE TD ☒ Delete
NAME KOPKE, SALLY
STREET ADDRESS 994 EAST ALTAMONTE DR
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE PD ☐ Delete
NAME ANDRADE, BERYL
STREET ADDRESS PO BOX 1800
CITY-ST-ZIP ORLANDO FL 32802

TITLE SD ☐ Delete
NAME HARDISON, KIM
STREET ADDRESS PO BOX 149083
CITY-ST-ZIP ORLANDO FL 32814

TITLE VD ☐ Delete
NAME ANDERSON, DENISE
STREET ADDRESS PO BOX 195455
CITY-ST-ZIP WINTER SPRINGS FL 32719

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☒ Change ☐ Addition
NAME White, Katharine
STREET ADDRESS 480 W. Central Parkway
CITY-ST-ZIP Altamonte Springs, FL 32714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Katharine White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07

Date

407-379-0162

Deputy Page #