2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47704

FILED Apr 16, 2008 Secretary of State

Entity Name: CENTRAL FLORIDA CHAPTER OF THE ASSOCIATION FOR DEATH EDUCATION AND COUNSELING,

Current Principal Place of Business: New Principal Place of Business:

480 W CONTROL PKWY 118 LAKESIDE CIR

ALTAMONTE SPRINGS, FL 32714 SANFORD, FL 32773 LIS US

Current Mailing Address: New Mailing Address:

P O BOX 560676

ORLANDO, FL 328560676 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

WHITE, KATHERINE KNOWLTON, ELIZABETH 480 W CENTRAL PKWY 118 LAKESIDE CIR

ALTAMONTE SPRINGS, FL 32714 SANFORD, FL 32773 US US

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: ELIZABETH KNOWLTON 04/16/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

WHITE, KATHERINE KNOWLTON, ELIZABETH Name: Name: 480 W CENTRAL PKWY Address: 118 LAKESIDE CIR Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: SANFORD, FL 32773

Title: PD () Delete Title: (X) Change () Addition ANDRADE, BERYL Name: ANDERSON, DENISE Name:

Address: PO BOX 1800 Address: PO BOX 1585 City-St-Zip: ORLANDO, FL 32802 City-St-Zip: GOLDENROD, FL 32733

Title: SD () Delete Title: VD (X) Change () Addition

HARDISON, KIM PITKETHLY, OLIVIA Name: Name: PO BOX 149083 4258 CLOVERLEAF PLACE Address: Address: City-St-Zip: ORLANDO, FL 32814 City-St-Zip: CASSELBERRY, FL 32707

Title: VD () Delete Title: SD (X) Change () Addition ANDERSON, DENISE Name: Name:

KUPFERMAN, ELIZABETH 9106 PHILLIPS GROVE TERRACE Address: PO BOX 195455 Address:

City-St-Zip: WINTER SPRINGS, FL 32719 City-St-Zip: ORLANDO, FL 32836

Title: () Delete Title: () Change (X) Addition

JARRETT, DIERDRE Name: Name:

7530 WETHERSFIELD DRIVE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32819

Title: () Delete Title: () Change (X) Addition

CUOMO, WENDY Name: Name: Address: Address: 825 ROSEMERE CIRCLE ORLANDO, FL 32835 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH KNOWLTON TD 04/16/2008