

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47704

FILED  
May 02, 2012  
Secretary of State

**Entity Name:** COLLABORATIVE FOR END OF LIFE AND GRIEF EDUCATION, INC.

**Current Principal Place of Business:**

127 WEST FAIRBANKS AVE. #339  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

127 WEST FAIRBANKS AVE. #339  
WINTER PARK, FL 32789 US

**Current Mailing Address:**

127 WEST FAIRBANKS AVE. #339  
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number:** 59-3203866      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CASEY, CLAUDIA  
127 WEST FAIRBANKS AVE. #339  
WINTER PARK, FL 32789 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: TD  
Name: CASEY, CLAUDIA  
Address: 127 WEST FAIRBANKS AVE. #339  
City-St-Zip: WINTER PARK, FL 32789

Title: PD  
Name: KOPKE, SALLY  
Address: 127 WEST FAIRBANKS AVE #339  
City-St-Zip: WINTER PARK, FL 32789

Title: VD  
Name: PAGAN-HILL, EVA  
Address: 127 WEST FAIRBANKS AVE. #339  
City-St-Zip: WINTER PARK, FL 32789

Title: SD  
Name: CIPOLLARO, FLAVIA  
Address: 127 WEST FAIRBANKS AVE. #339  
City-St-Zip: WINTER PARK, FL 32789

Title: D  
Name: KLOEPPER, MARY  
Address: 127 WEST FAIRBANKS AVE. #339  
City-St-Zip: WINTER PARK, FL 32789

Title: D  
Name: PITKETHLY, OLIVIA  
Address: 127 WEST FAIRBANKS AVE. #339  
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: SALLY KOPKE

P

05/02/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date