

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000004242**

1. Entity Name

**SPACE COAST CHAPTER OF THE ASSOCIATION FOR DEATH****FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90011 028 \*\*\*\*70.00

Principal Place of Business

Mailing Address

**141 GENOA ST  
INDIAN HARBOUR BCH FL 32937  
US****141 GENOA ST  
INDIAN HARBOUR BCH FL 32937  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3460990**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PYLE, DIANA  
141 GENOA ST  
INDIAN HARBOUR BCH FL 32937**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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  
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **MILLSPAUCH, CHARLOTTE**  
STREET ADDRESS **1049 KNECHT RD NE**  
CITY-ST-ZIP **PALM BAY FL 32905**TITLE **D, S** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **PYLE, DIANA**  
STREET ADDRESS **141 GENOA STREET**  
CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☒ Delete  
NAME **VAN BUREN, ROBERTA**  
STREET ADDRESS **307 THIRD STREET**  
CITY-ST-ZIP **MERRITT ISLAND FL 32953**TITLE **JAMES M. Spanogle** ☐ Change ☒ Addition  
NAME **1425 Aurora Road, Suite E**  
STREET ADDRESS **Melbourne, FL 32935**  
CITY-ST-ZIPTITLE **D** ☒ Delete  
NAME **PETTY, MARY**  
STREET ADDRESS **400 N. BURNETT ROAD**  
CITY-ST-ZIP **COCOA FL 32926**TITLE **D, V** ☐ Change ☒ Addition  
NAME **Sally Raven**  
STREET ADDRESS **1831 Highway A1A, #3203**  
CITY-ST-ZIP **Indian Harbour Beach, FL 32937**TITLE **TD** ☐ Delete  
NAME **ARNOLD, JOHN**  
STREET ADDRESS **523 ADAMS AVE**  
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☒ Delete  
NAME **BRATSEN, MARY**  
STREET ADDRESS **1397 GLENEAGLES CIRCLE**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**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 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 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 empowerments.

SIGNATURE:

**John H. Arnold, Treasurer****8/27/2001 321-253-4430**

CR2E037 (5/01)