

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004242

1. Entity Name

SPACE COAST CHAPTER OF THE ASSOCIATION FOR DEATH
EDUCATION AND COUNSELING, INC.

Principal Place of Business

141 GENOA ST
INDIAN HARBOUR BCH FL 32937
US

Mailing Address

141 GENOA ST
INDIAN HARBOUR BCH FL 32937
US

2. Principal Place of Business

4676 N. Wickham Road

Suite, Apt. #, etc.

3. Mailing Address

4676 N. Wickham Road

Suite, Apt. #, etc.

City & State

Melbourne

City & State

Melbourne

Zip

32935

Country

Brevard

Zip

32935

Country

Brevard

4. FEI Number

59-3460990

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PYLE, DIANA
141 GENOA ST
INDIAN HARBOUR BCH FL 32937

7. Name and Address of New Registered Agent

Name

John Arnold

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

523 Adams Avenue

City

Cape Canaveral

FL

Zip Code
32920

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

John Arnold

02/06/2002

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

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

TITLE DS
NAME MILLSPAUCH, CHARLOTTE
STREET ADDRESS 1049 KNECHT RD NE
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

TITLE D
NAME PYLE, DIANA
STREET ADDRESS 141 GENOA STREET
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 ☐ Delete

TITLE PD
NAME SPANOGLE, JAMES M
STREET ADDRESS 1425 AURORA RD STE E
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete

TITLE DV
NAME RAVEN, SALLY
STREET ADDRESS 1831 HWY A1A 3203
CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Delete

TITLE TD
NAME ARNOLD, JOHN
STREET ADDRESS 523 ADAMS AVE
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Arnold, Treasurer

02/06/2002

Date

Daytime Phone #

CR2E037 (9/01)