

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90081 007 \*\*\*\*61.25



**DOCUMENT # N97000004242**  
 1. Entity Name  
**SPACE COAST CHAPTER OF THE ASSOCIATION FOR DEATH EDUCATION AND COUNSELING, INC.**

Principal Place of Business Mailing Address  
**50 W STRAWBRIDGE AVE. 1835 S. ATLANTIC AVE**  
**C/O ECC, ATTN: SHARON #603**  
**MELBOURNE FL 32901 COCOA BEACH FL 32931**  
**US US**

2. Principal Place of Business 3. Mailing Address  
**2327 St. Andrews Cirde 1371 Olde Bailey Lane**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Attn: Robert Bruckart**

City & State City & State  
**Melbourne, FL West Melbourne, FL**  
 Zip Country Zip Country  
**32901 32904 USA USA**



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  
**CARTER, MARY ANN**  
**1835 S. ATLANTIC AVE**  
**#603**  
**COCOA BEACH FL 32931**

7. Name and Address of New Registered Agent  
 Name **Carol Bernard**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1371 Olde Bailey Lane**  
 City **West Melbourne FL** Zip Code **32904**

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 Carol Bernard, Treasurer Carol Bernard, Treasurer **2-16-05**  
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, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	DS ABRAM, DEBORAH 1514 CLEARLAKE, #85 COCOA FL 32922	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAMOTHE, SALLY 1831 HWY A1A 3203 SATELLITE BEACH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARTER, MARY ANN 1835 S. ATLANTIC AVE #603 COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, SHARON 50 W STRAWBRIDGE AVE MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Jennifer Mench 355 Park Avenue Satellite Beach, FL 32937	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Carol Bernard 1371 Olde Bailey Lane West Melbourne, FL 32904	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert Bruckart 2327 St. Andrews Cirde Melbourne, FL 32901	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Carol Bernard, Treasurer Carol Bernard, Treasurer **321-956-1283**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #