

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90117 005 ****61.25

DOCUMENT # N97000004242					
1. Entity Name SPACE COAST CHAPTER OF THE ASSOCIATION FOR DEATH EDUCATION AND COUNSELING, INC.					
Principal Place of Business 2327 ST ANDREWS CIRCLE ATTN: ROBERT BRUCKART MELBOURNE, FL 32901 US			Mailing Address 1371 OLDE BAILEY LANE MELBOURNE, FL 32904 US		
2. Principal Place of Business		3. Mailing Address 237 Shore Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Indian Harbour Beach, FL			
Zip	Country	Zip 32937	Country USA	4. FEI Number 59-3460990	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNARD, CAROL 1371 OLDE BAILEY LANE WEST MELBOURNE, FL 32904			7. Name and Address of New Registered Agent Name: Lynda Markham Street Address (P.O. Box Number is Not Acceptable): 237 Shore Lane City: Indian Harbour Beach FL Zip Code: 32937		
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: * <u>Lynda Markham</u> * <u>1-12-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DS	NAME MENCH, JENNIFER		TITLE DS	NAME Ann Taylor Owen	
STREET ADDRESS 355 PARK AVENUE	CITY-ST-ZIP SATELLITE BEACH, FL 32937		STREET ADDRESS 2140 Tiburon Lane	CITY-ST-ZIP Viera, FL 32940	
TITLE DV	NAME LAMOTHE, SALLY		TITLE DV	NAME Jennifer Mench	
STREET ADDRESS 1831 HWY A1A 3203	CITY-ST-ZIP SATELLITE BEACH, FL 32937		STREET ADDRESS 355 Park Avenue	CITY-ST-ZIP Satellite Beach, FL 32937	
TITLE TD	NAME BERNARD, CAROL		TITLE TD	NAME Lynda Markham	
STREET ADDRESS 1371 OLDE BAILEY LANE	CITY-ST-ZIP WEST MELBOURNE, FL 32904		STREET ADDRESS 237 Shore Lane	CITY-ST-ZIP Indian Harbour Beach, FL 32937	
TITLE PD	NAME BRUCKART, ROBERT		TITLE 	NAME 	
STREET ADDRESS 2327 ST ANDREWS CIRCLE	CITY-ST-ZIP MELBOURNE, FL 32901		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: * <u>Lynda Markham</u> <u>1-12-06</u> <u>321 117-1933</u> <small>Signature, typed or printed name of signing officer or director Date Daytime Phone #</small>					