

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004242

FILED
Feb 18, 2007
Secretary of State

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

Current Principal Place of Business:

2327 ST ANDREWS CIRCLE
ATTN: ROBERT BRUCKART
MELBOURNE, FL 32901 US

Current Mailing Address:

238 SHORE LANE
INDIAN HARBOUR BEACH, FL 32937 US

New Principal Place of Business:

237 SHORE LANE
ATTN: LYNDA MARKHAM
INDIAN HARBOUR BEACH, FL 32937 US

New Mailing Address:

235 SHORE LANE
INDIAN HARBOUR BEACH, FL 32937 US

FEI Number: 59-3460990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKHAM, LYNDA
237 SHORE LANE
INDIAN HARBOUR BEACH, FL 32937 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: DS () Delete
Name: OWEN, ANN T
Address: 2140 TIBUREN LANE
City-St-Zip: VIERA, FL 32940

Title: DV () Delete
Name: MERCH, JENNIFER
Address: 355 PARK AVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TD () Delete
Name: MARKHAM, LYNDA
Address: 237 SHORE LANE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: PD () Delete
Name: BRUCKART, ROBERT
Address: 2327 ST ANDREWS CIRCLE
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: OWEN, ANN T
Address: 2140 TIBUREN LANE
City-St-Zip: VIERA, FL 32940

Title: VP (X) Change () Addition
Name: PETTY, MARY
Address: PO BOX 281
City-St-Zip: COCOA, FL 32923

Title: TREA (X) Change () Addition
Name: MARKHAM, LYNDA
Address: 237 SHORE LANE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: SECT (X) Change () Addition
Name: LISA, DEANDA
Address: 2725 JUDGE FRAN JAMSON WAY, BLDG D
City-St-Zip: VIERA, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LYNDA MARKHAM

TREA

02/18/2007

Electronic Signature of Signing Officer or Director

Date