## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004242

Title:

Name:

Address:

City-St-Zip:

SECT

LISA, DEANDA

VIERA, FL 32940

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2725 JUDGE FRAN JAMSON WAY, BLDG D

Jan 22, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 237 SHORE LANE ATTN: LYNDA MARKHAM INDIAN HARBOUR BEACH, FL 32937 US **New Mailing Address: Current Mailing Address:** 235 SHORE LANE 237 SHORE LANE INDIAN HARBOUR BEACH, FL 32937 US ATTN: LYNDA MARKHAM INDIAN HARBOUR BEACH, FL 32937 US FEI Number: 59-3460990 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARKHAM, LYNDA 237 SHORÉ LANE INDIAN HARBOUR BEACH, FL 32937 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition OWEN, ANN T Name: Name: 2140 TIBUREN LANE Address: Address: City-St-Zip: VIERA, FL 32940 City-St-Zip: Title: Title: () Delete () Change () Addition PETTY, MARY Name: Name: Address: PO BOX 281 Address: City-St-Zip: COCOA, FL 32923 City-St-Zip: Title: TREA () Delete Title: () Change () Addition MARKHAM, LYNDA Name: Name: Address: 237 SHORE LANE Address: City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SECT

BLAKESLEE, SUSAN

COCOA, FL 32922

115 INDIAN RIVER DR. #208

(X) Change ( ) Addition

SIGNATURE: LYNDA MARKHAM TREA 01/22/2008