

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004242

**FILED**  
**Jan 18, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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: PRES ( ) Delete  
Name: OWEN, ANN T  
Address: 2140 TIBUREN LANE  
City-St-Zip: VIERA, FL 32940

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

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

Title: SECT ( ) Delete  
Name: BLAKESLEE, SUSAN  
Address: 115 INDIAN RIVER DR. #208  
City-St-Zip: COCOA, FL 32922

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: WILLIS, CHARLOTTE PRES  
Address: 815 BRIAR CREEK BLVD. NE  
City-St-Zip: PALM BAY, FL 32904

Title: VP (X) Change ( ) Addition  
Name: JERALD, SMITH VP  
Address: 951 N. WASHINGTON BLVD  
City-St-Zip: TITUSVILLE, FL 32796

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: LYNDA MARKHAM

TREA

01/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date