

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90118 034 ****70.00

DOCUMENT # **N97000004242**

1. Entity Name

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



Principal Place of Business

**4676 NORTH WICKHAM ROAD
MELBOURNE FL 32935
US**

Mailing Address

**4676 NORTH WICKHAM ROAD
MELBOURNE FL 32935
US**

2. Principal Place of Business

3. Mailing Address

1835 S. ATLANTIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

603

City & State

City & State

COCONA BEACH, FL

Zip

Country

Zip

Country

32931

FLORIDA

6. Name and Address of Current Registered Agent

**ARNOLD, JOHN
523 ADAMS AVENUE
CAPE CANAVERAL FL 32920**

7. Name and Address of New Registered Agent

Name

MARY ANN CARTER

Street Address (P.O. Box Number is Not Acceptable)

1835 S. ATLANTIC AVE #603

City

COCONA BEACH

FL

Zip Code

32931

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-03

FILE NOW: FEE IS \$61.25

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 MILLSPAUCH, CHARLOTTE 1049 KNECHT RD NE PALM BAY FL 32905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PYLE, DIANA 141 GENOA STREET INDIAN HARBOUR BEACH FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPANOGLE, JAMES M 1425 AURORA RD STE E MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RAVEN, SALLY 1831 HWY A1A 3203 SATELLITE BEACH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARNOLD, JOHN 523 ADAMS AVE CAPE CANAVERAL FL 32920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARON E. JONES 50 W. STRAWBRIDGE AVE. MELBOURNE, FL 32901	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLOTTE WILLIS	<input checked="" type="checkbox"/> Change <input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALLY CAMOTHE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARY ANN CARTER 1835 S. ATLANTIC AVE #603 COCONA BEACH, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARON JONES 50 W. STRAWBRIDGE AVE. MELBOURNE, FL 32901	<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN ARNOLD / Jan 2, 2003 / 321-253-4430

CR2E037 (10/02)