


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90068 047 \*\*\*\*70.00

**DOCUMENT # N97000006846**  
 1. Entity Name  
**END-OF-LIFE CHOICES FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**9005 SCARSDALE CT**      **PO BOX 121093**  
**H**      **W MELBOURNE FL 32912-1093**  
**W MELBOURNE FL 32904-2012**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0799794**      Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KLAMM, DONNA M**  
**9005-H SCARSDALE CT**  
**MELBOURNE FL 32904-2012**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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: DONNA M. KLAMM      *Donna M. Klam*      April 10, 2006  
Signature: typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	P/D KLAMM, DONNA P/D 9005-H SCARSDALE CT W MELBOURNE FL 32904-2012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D WESTERFIELD, PORTIA 4115 CREEK WOODS LANE MULBERRY FL 33860 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS/D PLAISANT, ANNELIES 3914 NW 37 PLACE GAINESVILLE FL 32606-6145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS/D BILLINGS, NAN 648 WEST LAKE DRIVE SARASOTA FL 34232 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CONWAY, MARTHA 711 AUTUMN GLEN DRIVE MELBOURNE FL 32940 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Martha T. Conway      **MARTHA T. CONWAY, TREAS**      4-10-06      321-253-2072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      District Phone #