

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N12000004785

**Entity Name:** PINDER BEREAVEMENT AFTERCARE, INC.

**Current Principal Place of Business:**

4931 SW 21ST STREET  
WEST PARK, FL 33023

**Current Mailing Address:**

4931 SW 21ST STREET  
WEST PARK, FL 33023

**FEI Number:** 45-5292479

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PINDER, ROSALIND  
4931 SW 21TH STREET  
WEST PARK, FL 33023 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

**Officer/Director Detail :**

Title	P	Title	VP
Name	PINDER, ROSALIND	Name	PINDER, GEORGE
Address	4931 SW 21ST STREET	Address	4931 SW 21ST STREET
City-State-Zip:	WEST PARK FL 33023	City-State-Zip:	WEST PARK FL 33023

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROSALIND PINDER

**PRESIDENT**

**04/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date