



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90019 006 \*\*\*\*61.25

<b>DOCUMENT # 722468</b>					
<b>1. Entity Name</b> THE FUNERAL CONSUMERS ALLIANCE OF NORTH CENTRAL FLORIDA, INC.					
Principal Place of Business PO BOX 14662 GAINESVILLE, FL 32604 US		Mailing Address PO BOX 14662 GAINESVILLE, FL 32604 US		 02242005 Chg-NP CR2E037 (10/03)	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 23-7165333	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HORNBERGER, ROBERT H 4056 NW 23RD CIR. GAINESVILLE, FL 32605			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFITHS, NELSON M		NAME	PATRICIA GAGER	
STREET ADDRESS	4336 NW 22ND AVE.		STREET ADDRESS	2616 SW 4TH PL	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	GENE THURSBY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAWYER, HERBERT		NAME	PO BOX 13795	
STREET ADDRESS	4415 NW 33RD CT		STREET ADDRESS	GAINESVILLE, FL 32604	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	F. J. SWIFT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORNBERGER, ROBERT H		NAME	6310 SW 35th WAY	
STREET ADDRESS	4056 NW 23 CIR.		STREET ADDRESS	GAINESVILLE, FL 32603	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	LOUISE SWIFT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANRAHAN, MARY ELLEN		NAME	6310 SW 35th WAY	
STREET ADDRESS	3703 NW 16TH PL		STREET ADDRESS	GAINESVILLE, FL 32608	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, LULA		NAME		
STREET ADDRESS	7701 NW 40TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGER, WILLIAM		NAME		
STREET ADDRESS	2616 SW 4TH PL		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Robert H. Hornberger</i>			ROBERT H. HORNBERGER 352 378-3541		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		