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

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

DOCUMENT # 722468 1. Entity Name THE FUNERAL CONSUMERS ALLIANCE OF NORTH CENTRAL FLORIDA, INC.				STITES (03-15	-2005 9	90019 O	06 ****6:	1.25
Principal Place of Business PO BOX 14662 GAINESVILLE, FL 32604 US Mailing Address PO BOX 14662 GAINESVILLE, FL 32604 US GAINESVILLE, FL 32604				US			II FAR RA I					
2. Principal Place of Business 3. Mai			uling Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					02242005	Chg-N	NP	CR2E	037 (10/03)	
City & State		City & State					4. FEI Numb 23-716					Applied For lot Applicable
Žip 	Country	Zip		Country	у		5. Certificate	of Status	Desired		\$8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered A	gent				7. Name and	d Address	of New R	legistered	Agent	
HORNBER	GER ROBERTH			1	Name							
HORNBERGER, ROBERT H 4056 NW 23RD CIR. GAINESVILLE, FL 32605				Street Address (P.O. Box Number is Not Acco					Acceptable	B)		
				-	City	·		<u> </u>		F	Zip Co	de
	named entity submits this statement for ions of registered agent.	r the purpose	of changing its re	gistered	office or re	registered	d agent, or bo	oth, in the	State of Flo	orida. I an	n familiar with	n, and accept مراه
SIGNATURE .												بالمتعتبة ترا
SIGIVATORE.	Signature, typed or printed name of registered agent a	and title if applicab	ia. (NOTE: Ri	equatered Ap	peri signature	e required w	hen reinstating)			DATE		ساد <u>سرس</u>
SIGIVATORE :	Signature, typed or printed name of registered agent in Filling Fee is \$61.25	and title if applicab	9. Election Campa				hen reinstating)	Be	, w	DATE	k payable	to
	Filing Fee is \$61.25 Due by May 1, 2005			aign Fina htribution.	ancing _		\$5.00 May I Added to Fees	3	Flor	lake ched ida Depa	irtment of	State
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF		9. Election Campa Trust Fund Cor	aign Fina ntribution.	ancing _		5.00 May I	3	Flor	lake ched ida Depa	PRECTORS	State N 10
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Indicated on this report or supplied with rus tiling does not quality 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.