2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006 8:00 am
Secretary of State
07-18-2006 90084 003 ****61.25

DOCUMENT # 722468

1. Entity Name
THE FUNERAL CONSUMERS ALLIANCE OF NORTH CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
PO BOX 14662 GAINESVILLE, FL 32604 US	PO BOX 14662 GAINESVILLE, FL 32604 US

07162006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
PO Box 358673	PO Box 358673
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GAINESVILLE, FL	City & State: GAINESVILLE, FL
Zip: 32635 Country: US	Zip: 32635 Country: US

4. FEI Number 23-7165333 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HORNBERGER, ROBERT H 4056 NW 23RD CIR. GAINESVILLE, FL 32605	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRIFFITHS, NELSON M 4336 NW 22ND AVE. GAINESVILLE, FL 32605	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANFORD, MALCOM 5002 NW 64 LANE GAINESVILLE, FL 32653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SAWYER, HERBERT 4415 NW 33RD CT GAINESVILLE, FL 32606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRIFFITHS, NELSON 4336 NW 22nd St, GAINESVILLE, FL. 32605	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HORNBERGER, ROBERT H 4056 NW 23 CIR. GAINESVILLE, FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HANRAHAN, MARY ELLEN 3703 NW 16TH PL GAINESVILLE, FL 32605	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WINEFORDNER, LAURA 3535 NW 40th TERRACE GAINESVILLE, FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVER, LULA 7701 NW 40TH AVE. GAINESVILLE, FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAGER, WILLIAM 2616 SW 4TH PL GAINESVILLE, FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Robert H. Hornberger ROBERT H. HORNBERGER 7-16-06 352 378-3541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #