2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 18, 2007 8:00 am Secretary of State

DOCUMENT #722468 1. Entity Name THE FUNERAL CONSUMERS ALLIANCE OF NORTH CENTRAL FLORIDA, INC.						05-18-200	7 90026 0	10 ****61	1.25
Principal Place	e of Business	Mailing Address			LUP.	F			
PO BOX 3586		PO BOX 358673 3.3			, -				
GAINESVILLE	, FL 32644 US	GAINESVILLE, FL 32664	US	ļ					
							RAHII		
2 Principal Place of Business - No P.O. Box 1 3. Mailing Address 40.56 N.W. 2.3 Cricle					i Harii irria i				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01092007	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State			4. FEI Number 23-7165	333			plied For Applicable
7160	Country ()	Zip	Country			Status Desired		\$8.75 Add Fee Required	litional
7266	6. Name and Address of Current F	legistered Agent	1		7. Name and A	ddress of New	Registered	<u>_</u>	
HODNIDED			Name						
4056 NW 2			Street A	oldress (9	P.O. Box Number	is Not Accepta	ble)		
GAINESVI	LLE, FL 32605				· · · · · · · · · · · · · · · · · · ·		 	,, <u>-</u>	
			City				FL	Zip Code	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	register	ed agent, or both	, in the State of	Florida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	rid title if applicable. (NOTE: R	legistored Agent signati.	Denuge: en	when reinstabing)		DATE	· · · · · · · · · · · · · · · · · · ·	·
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Col	aign Financing	ve required	when reinstating) \$5.00 May Be Added to Fees	i. n	Make chec	k peyable to	
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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 SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR CORRECTOR

5-3-07352378-35

Daytime Pho