


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

05-18-2007 90026 010 ****61.25

DOCUMENT # 722468				
1. Entity Name THE FUNERAL CONSUMERS ALLIANCE OF NORTH CENTRAL FLORIDA, INC.				
Principal Place of Business PO BOX 358673 ³⁵ GAINESVILLE, FL 32604 US		Mailing Address PO BOX 358673 ³⁵ GAINESVILLE, FL 32604 US		
2. Principal Place of Business - No P.O. Box # 4056 NW 23 Circle		3. Mailing Address Suite, Apt. #, etc.		
City & State Gainesville, FL		City & State		
Zip 32605		Country Alachua		
4. FEI Number 23-7165333		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HORNBERGER, ROBERT H 4056 NW 23RD CIR. GAINESVILLE, FL 32605		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNBERGER, ROBERT H		NAME	MARY ELLEN HANRAHAN
STREET ADDRESS	4056 NW 23 CIR.		STREET ADDRESS	3750 NW 16th Lane
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	Gainesville, FL 32605
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, LULA		NAME	GENE THURSBY
STREET ADDRESS	7701 NW 40TH AVE.		STREET ADDRESS	2049 NW 7th Lane
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	Gainesville, FL 32603
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGER, WILLIAM		NAME	PHILLIP WEIDLER
STREET ADDRESS	2618 SW 4TH PL		STREET ADDRESS	2025 NW 20th Lane
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP	Gainesville, FL 32605
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM SANFORD		NAME	
STREET ADDRESS	5002 NW 64 Lane		STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32653		CITY-ST-ZIP	
TITLE	V P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON GRIFFITHS		NAME	
STREET ADDRESS	4996 NW 22 St.		STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32605		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEE BIERY		NAME	
STREET ADDRESS	4105 NE 17th Terr.		STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32609		CITY-ST-ZIP	
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 <u>Robert H. Hornberger</u>		Date <u>5-3-07</u> Daytime Phone # <u>352 378-3541</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				