

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722468

FILED
May 01, 2008
Secretary of State

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

Current Principal Place of Business:

4056 NW 25 CIR.
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 358673
GAINESVILLE, FL 32604 US

New Mailing Address:

PO BOX 358673
GAINESVILLE, FL 32635 US

FEI Number: 23-7165333 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HORNBERGER, ROBERT H
4056 NW 23RD CIR.
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HORNBERGER, ROBERT H
Address: 4056 NW 23 CIR.
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: OLIVER, LULA
Address: 7701 NW 40TH AVE.
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: GAGER, WILLIAM
Address: 2616 SW 4TH PL
City-St-Zip: GAINESVILLE, FL 32607

Title: P () Delete
Name: SANFORD, MALCOLM
Address: 5002 NW 54 LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: VP () Delete
Name: GRIFFITHS, NELSON
Address: 4396 NW 22 ST
City-St-Zip: GAINESVILLE, FL 32605

Title: S () Delete
Name: BIERY, GLEE
Address: 4105 NW 17 TERR.
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H. HORNBERGER

T

05/01/2008

Electronic Signature of Signing Officer or Director

Date