

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90048 022 ****61.25

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DOCUMENT # **722468**

1. Entity Name

~~MEMORIAL SOCIETY OF ALACHUA COUNTY, INC.~~

FUNERAL CONSUMERS' ALLIANCE OF NOR.



Principal Place of Business 3426 SW 75TH ST GAINESVILLE FL 32607 US	Mailing Address 3426 SW 75TH ST GAINESVILLE FL 32607 US
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80047079



2. Principal Place of Business PO BOX 14662	3. Mailing Address PO BOX 14662
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State GAINESVILLE, FL	City & State GAINESVILLE, FL	4. FEI Number 23-7165333	Applied For Not Applicable
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Zip 32604	Country USA	Zip 32604	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**JANOUS, JOHN A
3703 NW 40TH ST
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name **ROBERT H. HORNBERGER**
Street Address (P.O. Box Number is Not Acceptable) **4056 NW 23RD CIRCLE**
City **GAINESVILLE FL** Code **32605**

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 *Robert H. Hornberger* **ROBERT H. HORNBERGER TREASURER** DATE **3-3-03**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHINES, GENEVIEVE D 324 NW 48TH BLVD GAINESVILLE FL 32607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANOUS, JOHN A 3703 NW 40TH STREET GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TARJAN, ARMEN CHARLES 3426 SW 75TH ST GAINESVILLE FL 32607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, CECIL N 4072 NW 23RD CIRCLE GAINESVILLE FL 32603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANRAHAN, MARY ELLEN 3730 NW 16TH PLACE GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NELSON M. GRIFFITHS 4336 NW 22ND AVE GAINESVILLE, FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GENE R. THURSBY P.O. BOX 13795 GAINESVILLE, FL 32604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROBERT H. HORNBERGER 4056 NW 23 CIRCLE GAINESVILLE, FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JO BATES 2807 NW 83RD ST-COTTAGE 12 GAINESVILLE, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LULA OLIVER 7701 NW 40TH AVE GAINESVILLE, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHARLOTTE YATES 401 NW 48TH BLVD GAINESVILLE, FL 32607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: *Robert H. Hornberger* **ROBERT H. HORNBERGER** DATE **3-3-03** PHONE **(352) 378-3541**

CR2E037 (10/02)