

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90134 035 ****61.25

DOCUMENT # N93000005016

1. Entity Name
FUNERAL CONSUMERS ASSOCIATION OF TAMPA BAY INC.



Principal Place of Business
**C/O M. SANDRA ELMORE
18902 ARBOR DR
LUTZ, FL 33548-5051 US**

Mailing Address
**C/O M. SANDRA ELMORE
18902 ARBOR DR
LUTZ, FL 33548-5051 US**

40043715



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3213555

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

**ELMORE, M S
18902 ARBOR DR
LUTZ, FL 33548-5051**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 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
**SD
MUNGER, GERALD
10811 BURRITO DR
RIVERVIEW, FL 335697206** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1733 ATRIUM DR
SUN CITY CENTER, FL 33573** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILLIAMSON, JOHN
1801 MILFORD CIR.
SUN CITY CENTER, FL 33573** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
OWENS, NAN
4204 LAKEWOOD DR
SEFFNER, FL 33584** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
ELMORE, M S
18902 ARBOR DR
LUTZ, FL 335485051** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
RILEY, LEW
322 NORTH WAY DR
SUN CITY CENTER, FL 33573** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
YOUNG, RICHARD
1704 AURA CT.
SUN CITY CENTER, FL 33573** ☐ 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:

M. Sandra Elmore

**M. SANDRA
ELMORE**

4/1/06 (813) 948-1990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #