2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2010
Secretary of State

DOCUMENT# N93000005016

Entity Name: FUNERAL CONSUMERS ASSOCIATION OF TAMPA BAY INC.

Current Principal Place of Business:

C/O M. SANDRA ELMORE
18902 ARBOR DR
LUTZ, FL 335485051 US

New Principal Place of Business:

Current Mailing Address:

C/O M. SANDRA ELMORE
18902 ARBOR DR
LUTZ, FL 335485051 US

New Mailing Address:

FEI Number: 59-3213555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELMORE, M S
18902 ARBOR DR
LUTZ, FL 335485051 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: D
Name: WARD, ROBERT
Address: 1921 ACADIA GREENS DR.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VP
Name: CRUIT, NANCY
Address: 18902 ARBOR DR
City-St-Zip: LUTZ, FL 33548

Title: SD
Name: ELMORE, M S
Address: 18902 ARBOR DR
City-St-Zip: LUTZ, FL 335485051

Title: TD
Name: ELMORE, M S
Address: 18902 ARBOR DR
City-St-Zip: LUTZ, FL 335485051

Title: P
Name: CONDON, JAMES K
Address: 7645 WIMPOLE DR
City-St-Zip: NEW PORT RICHEY, FL 346554815

Title: D
Name: OWENS, NAN
Address: 4704 LAKEWOOD DR
City-St-Zip: SEFFNER, FL 33584

I hereby 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 all other like empowered.

SIGNATURE: M.SANDRA ELMORE TD 02/23/2010
Electronic Signature of Signing Officer or Director Date