


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 725691			
1. Entity Name FUNERAL CONSUMERS ALLIANCE OF SARASOTA-MANATEE, INC.			
Principal Place of Business 2428 GOLDENROD STREET SARASOTA FL 34277		Mailing Address PO BOX 15833 SARASOTA FL 34277	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EDWARDS, NANCIE I 2428 GOLDENROD STREET SARASOTA FL 34239		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 _____ DATE _____
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 Due By May 1, 2004	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P GODLESKI, STANLEY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6300 MIDNIGHT PARSS RD #1010	NAME	U00000054565
CITY-ST-ZIP	SARASOTA FL 34242	STREET ADDRESS	02/17/04-80001-018 61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D PUNDICK, BORIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	33 SOUTH GULFSTREAM AVENUE #706	NAME	
CITY-ST-ZIP	SARASOTA FL 34236	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GARST, EDWARD "NED" <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	480 58TH STREET	NAME	
CITY-ST-ZIP	SARASOTA FL 34243	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DS EDWARDS, NANCIE I <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2428 GOLDENROD STREET	NAME	
CITY-ST-ZIP	SARASOTA FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	I EDWARDS, DONALD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3337 SPANISH OAK TERRACE	NAME	
CITY-ST-ZIP	SARASOTA FL 34237	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP LEEO, THEODORE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1174 SORRENTO WOODS BLVD	NAME	
CITY-ST-ZIP	NOKOMIS FL 34275	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 ~~the~~ empowered.

SIGNATURE: Donald A Edwards, Treasurer 2-14-04 (941) 366-0227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #