


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 725691 1. Entity Name FUNERAL CONSUMERS ALLIANCE OF SARASOTA-MANATEE, INC.	
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Principal Place of Business 2428 GOLDENROD STREET SARASOTA, FL 34277	Mailing Address PO BOX 15833 SARASOTA, FL 34277
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7205156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**EDWARDS, NANCIE I
2428 GOLDENROD STREET
SARASOTA, FL 34239**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GODLESKI, STANLEY 6300 MIDNIGHT PARSS RD #1010 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUNDICK, BORIS 33 SOUTH GULFSTREAM AVENUE #706 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARST, EDWARD "NED" 480 58TH STREET SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EDWARDS, NANCIE I 2428 GOLDENROD STREET SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARDS, DONALD 3337 SPANISH OAK TERRACE SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEEO, THEODORE 1174 SORRENTO WOODS BLVD NOKOMIS, FL 34275

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01/14/05-80047-002 61.25

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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: Donald A Edwards 1/12/50 (941)366-0227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Donald A EDWARDS, Treasurer