


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90071 030 \*\*\*\*61.25

<b>DOCUMENT # 725691</b> 1. Entity Name <b>FUNERAL CONSUMERS ALLIANCE OF SARASOTA-MANATEE, INC.</b>	
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Principal Place of Business <b>2428 GOLDENROD STREET SARASOTA FL 34277</b>	Mailing Address <b>PO BOX 15833 SARASOTA FL 34277</b>
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2. Principal Place of Business <b>2428 Goldenrod St.</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 15833</b> Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State <b>Sarasota, FL</b>	City & State <b>Sarasota, FL</b>
Zip <b>34277</b>	Zip <b>34277</b>
Country <b>Sarasota</b>	Country <b>Sarasota</b>

4. FEI Number <b>23-7205156</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>EDWARDS, NANCIE I 2428 GOLDENROD STREET SARASOTA FL 34239</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW - FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<b>FD</b> <input type="checkbox"/> Delete <b>GODLESKI, STANLEY</b> 6300 MIDNIGHT PARSS RD #1010 SARASOTA FL 34242
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>PUNDICK, BORIS</b> 33 SOUTH GULFSTREAM AVENUE #706 SARASOTA FL 34236
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete <b>GARST, EDWARD "NED"</b> 480 58TH STREET SARASOTA FL 34243
TITLE	<b>DS</b> <input type="checkbox"/> Delete <b>EDWARDS, NANCIE I</b> 2428 GOLDENROD STREET SARASOTA FL
TITLE	<b>T</b> <input type="checkbox"/> Delete <b>EDWARDS, DONALD</b> 3337 SPANISH OAK TERRACE SARASOTA FL 34237
TITLE	<b>VPLEED</b> <input type="checkbox"/> Delete <b>LEE, THEODORE</b> 1174 SORRENTO WOODS BLVD NOKOMIS FL 34275

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Carol KOELLER</b> 119 Woodland Place Osprey, FL 34229
TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>R. Donald Kelly</b> 9611 Castle Point Drive, #916 Sarasota, FL 34238
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donald A Edwards, Treasurer 02-06-06 (941)366-0227