

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 20, 2009
Secretary of State**

DOCUMENT# 725691

Entity Name: FUNERAL CONSUMERS ALLIANCE OF SARASOTA-MANATEE, INC.

Current Principal Place of Business:

2428 GOLDENROD STREET
SARASOTA, FL 34277

New Principal Place of Business:

Current Mailing Address:

PO BOX 15833
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 23-7205156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, NANCIE I
2428 GOLDENROD STREET
SARASOTA, FL 34239 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: VP () Delete
Name: GLICKMAN, CYRUS
Address: 3388 OAKWOOD BLVD. NORTH
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: YOUNG, ETHEL
Address: 4207 BOWLING GREEN CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: P () Delete
Name: RENAUD, EDWARD
Address: 4140 BOWLING GREEN CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: DS () Delete
Name: EDWARDS, NANCIE I,
Address: 2428 GOLDENROD STREET
City-St-Zip: SARASOTA, FL

Title: T () Delete
Name: EDWARDS, DONALD
Address: 3337 SPANISH OAK TERRACE
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: GLICKMAN, CYRUS
Address: 3388 OAKWOOD BLVD NORTH
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GLICKMAN, CYRUS
Address: 3388 OAKWOOD BLVD. NORTH
City-St-Zip: SARASOTA, FL 34237

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LESTER, JOHN
Address: 7214MEADOWBROOK
City-St-Zip: SARASOTA, FL 34243 SA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALDEDWARDS

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date