


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 730242</b>	
1. Entity Name THE FUNERAL CONSUMER ASSOCIATION OF LEON COUNTY, INC.	

Principal Place of Business 1006 BUENA VISTA DR. TALLAHASSEE, FL 32304	Mailing Address 1006 BUENA VISTA DR. TALLAHASSEE, FL 32304
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02112004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2355002

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  SWAIN, CHARLES W. 1006 BUENA VISTA DRIVE TALLAHASSEE, FL 32304
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**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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000126290  
04/23/04-80028-003 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASTON, DEXTER 2908 LASWADE DR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWAIN, CHARLES W. 1006 BUENA VISTA DR. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHIFER, GREGG 1584 MARION AVE. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEVETY, ROBERT 2012 MIDDLEWOOD DR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, CAROL 1105 LASSWADE DR TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNIGHTS, PHYLLIS 1856 SYLVAN CT. TALLAHASSEE, FL 323174809

**DO NOT WRITE  
IN THIS SPACE**

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:** *Charles W. Swain* (Charles W. Swain) 2-12-04 850-567-254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #