


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 730242
 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

DO NOT WRITE IN THIS SPACE



02112004 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2355002 Applied For: Not Applied:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SWAIN, CHARLES W.
 1006 BUENA VISTA DRIVE
 TALLAHASSEE, FL 32304

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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 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

U00000126290
 04/23/04-80028-003 61.25

10. OFFICERS AND DIRECTORS

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

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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: 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 #