2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# 730242

Entity Name: THE FUNERAL CONSUMER ASSOCIATION OF LEON COUNTY, INC.

Current Principal Place of Business:

1006 BUENA VISTA DR.
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

1006 BUENA VISTA DR.
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 59-2355002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWAIN, CHARLES W.
1006 BUENA VISTA DRIVE
TALLAHASSEE, FL 32304 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: D ( ) Delete
Name: EASTON, DEXTER
Address: 2908 LASWADE DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD ( ) Delete
Name: SWAIN, CHARLES W.,
Address: 1006 BUENA VISTA DR.
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete
Name: PHIFER, GREGG,
Address: 1584 MARION AVE.
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete
Name: MEVETY, ROBERT
Address: 2012 MIDDLEWOOD DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: ALLEN, CAROL
Address: 1105 LASSWADE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: T ( ) Delete
Name: KNIGHTS, PHYLLIS
Address: 1856 SYLVAN CT.
City-St-Zip: TALLAHASSEE, FL 323174809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: KNIGHTS, PHYLLIS
Address: 745 LEWIS BLVD S
City-St-Zip: TALLAHASSEE, FL 32305

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHYLLIS KNIGHTS TREA 04/30/2005

Electronic Signature of Signing Officer or Director Date