

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 01, 2006  
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: 745 LEWIS BLVD S  
City-St-Zip: TALLAHASSEE, FL 32305

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PHYLLIS L KNIGHTS

TREA

04/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date