




**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91035 039 \*\*\*\*61.25

<b>DOCUMENT # 730242</b>					
1. Entity Name <b>THE FUNERAL CONSUMER ASSOCIATION OF LEON COUNTY, INC.</b>					
Principal Place of Business <b>1006 BUENA VISTA DR. TALLAHASSEE FL 32304</b>			Mailing Address <b>1006 BUENA VISTA DR. TALLAHASSEE FL 32304</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2355002</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SWAIN, CHARLES W. 1006 BUENA VISTA DRIVE TALLAHASSEE FL 32304</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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: 		<b>Charles W. Swain, Secretary</b>		DATE: <b>4/3/2003</b>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<del>VPD</del>	<input checked="" type="checkbox"/> Delete	TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>MURPHY, JOHN JS</del>		NAME	<b>Easton, Dexter</b>	
STREET ADDRESS	<del>410 VICTORY GARDEN DR 127</del>		STREET ADDRESS	<b>2908 Lasswade Dr.</b>	
CITY-ST-ZIP	<del>TALLAHASSEE FL</del>		CITY-ST-ZIP	<b>Tallahassee FL 32312</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWAIN, CHARLES W.</b>		NAME		
STREET ADDRESS	<b>1006 BUENA VISTA DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHIFER, GREGG</b>		NAME		
STREET ADDRESS	<b>1584 MARION AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>CLAY, LOUISE</del>		NAME	<b>Mekety, Robert</b>	
STREET ADDRESS	<del>3007 ECHO POINT LN</del>		STREET ADDRESS	<b>2012 Middlewood Drive</b>	
CITY-ST-ZIP	<del>TALLAHASSEE FL 32310</del>		CITY-ST-ZIP	<b>Tallahassee FL 32312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, CAROL</b>		NAME		
STREET ADDRESS	<b>1105 LASSWADE DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>HUTCHINSON, LADONNA</del>		NAME	<b>Knights, Phyllis</b>	
STREET ADDRESS	<del>1902 ROSEDALE DRIVE</del>		STREET ADDRESS	<b>1856 Sylvia Court</b>	
CITY-ST-ZIP	<del>TALLAHASSEE FL 32303</del>		CITY-ST-ZIP	<b>Tallahassee FL 32317-4809</b>	
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: 		<b>Charles W. Swain</b>		DATE: <b>4-3-2003</b> (850) 224-2082	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2037 (10/02)