


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90083 032 \*\*\*\*61.25

<b>DOCUMENT # 736265</b>			
1. Entity Name <b>FUNERAL CONSUMERS ALLIANCE, SOUTHWEST FLORIDA CHAPTER, INC.</b>			
Principal Place of Business 415 SW 7TH TERR CAPE CORAL FL 33991 US		Mailing Address PO BOX 7756 FT MYERS FL 33911 US	
2. Principal Place of Business - No P.O. Box # <b>1333 Santa Barbara Blvd.</b>		3. Mailing Address <b>(same as above)</b>	
Suite, Apt. #, etc. <b>apt. # 229</b>		Suite, Apt. #, etc.	
City & State <b>Cape Coral FL</b>		City & State	
Zip <b>33991</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>65-0519466</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RICHARDSON, ALLEN S 415 SW 7TH TERR CAPE CORAL FL 33991</b>		7. Name and Address of New Registered Agent Name <b>Richardson, Allen S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1333 Santa Barbara Blvd. apartment # 229</b> City <b>Cape Coral FL</b> Zip Code <b>33991</b>	
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 <i>Allen S. Richardson</i> <b>(Allen S. Richardson)</b>		DATE <b>1 February 2007</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)		DATE	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROOKS, GEORGE G</b> <b>2100 KINGS HWY #347</b> <b>PORT CHARLOTTE FL 33980</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Brewer, Phyllis</b> <b>888 Cypress Lake Circle</b> <b>Cape Coral FL 33919-0889</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>SILVIUS, HERMAN T</b> <b>1128 SE 17TH TERRACE</b> <b>CAPE CORAL FL 33990-4514</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Brooks, Priscilla</b> <b>2100 Kings Highway # 347</b> <b>Port Charlotte FL 33980</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AHLERS, WILLIAM</b> <b>24300 AIRPORT RD 102</b> <b>PUNTA GORDA FL 33950</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AHLERS, BARBARA</b> <b>24300 AIRPORT RD 102</b> <b>PUNTA GORDA FL 33950</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BREWER, WILLIAM</b> <b>888 CYPRESS LAKE CIRCLE</b> <b>FORT MYERS FL 33919-6014</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PITTMAN, JOHN</b> <b>5564 BOYNTON LANE</b> <b>FORT MYERS FL 33919</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Herman T. Silvius III</i> <b>Herman T. Silvius III</b>		DATE: <b>1 February 2007</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	



1st MOORE CR2E037 (10/06)