

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 19, 2009
Secretary of State**

DOCUMENT# 736265

Entity Name: FUNERAL CONSUMERS ALLIANCE, SOUTHWEST FLORIDA CHAPTER, INC.

Current Principal Place of Business:

1333 SANTA BARBARA BLVD
APT 229
CAPE CORAL, FL 33991 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7756
FT MYERS, FL 33911 US

New Mailing Address:

FEI Number: 65-0519466 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, ALLEN S
1333 SANTA BARBARA BLVD
CAPE CORAL, FL 33991 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: BREWER, PHYLLIS
Address: 888 CYPRESS LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: O () Delete
Name: SILVIUS, HERMAN T
Address: 1128 SE 17TH TERRACE
City-St-Zip: CAPE CORAL, FL 339904514

Title: D () Delete
Name: BREWER, WILLIAM
Address: 888 CYPRESS LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 339196014

Title: D () Delete
Name: PITTMAN, JOHN
Address: 901 BIG PINE WAY
City-St-Zip: FORT MYERS, FL 33907

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:

I hereby certify that the information supplied with this filing does not qualify 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 BREWER

D

02/19/2009

Electronic Signature of Signing Officer or Director

Date