

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90029 044 \*\*\*\*61.25

**DOCUMENT # N01000005918**

1. Entity Name  
**FUNERAL & CEMETERY ALLIANCE, INC.**



**94047418**

Principal Place of Business  
**3165 McCrory Pl. Suite 185  
Orlando FL 32803**

Mailing Address  
**PO BOX 561008  
MIAMI, FL 33256**



04062004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-1132916**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**COLEMAN, PHILLIP LLOYD  
9013 SW 78 PL  
MIAMI, FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete  
NAME **ROMANACH, GABRIEL**  
STREET ADDRESS **PO BOX 141418**  
CITY-ST-ZIP **MIAMI, FL 333141418**

TITLE **D** ☐ Change ☒ Addition  
NAME **MATHEWES OGIER**  
STREET ADDRESS **1680 METROPOLITAN CIRCLE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **ST** ☐ Delete  
NAME **COLEMAN, PHILLIP LLOYD**  
STREET ADDRESS **PO BOX 561008**  
CITY-ST-ZIP **MIAMI, FL 332561008**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **STUART, RANDALL T**  
STREET ADDRESS **70770 BONNEVAL RD., #450**  
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **KNOPICE, KEENAN**  
STREET ADDRESS **1201 S ORLANDO BLVD**  
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Change ☐ Addition  
NAME **KNOPIKE KEENAN**  
STREET ADDRESS **1750 CULLEN RD**  
CITY-ST-ZIP **DAVENPORT FL 33428**

TITLE **D** ☒ Delete  
NAME **TUSS, RICK**  
STREET ADDRESS **5200 US HWY. 19**  
CITY-ST-ZIP **NORTH PALMETTO, FL 34221**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ROBERTS, TERRY**  
STREET ADDRESS **1717 BOGGY CREEK RD.**  
CITY-ST-ZIP **KISSIMMEE, FL 34244**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/6/04 305 245 4444**