

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90041 048 \*\*\*\*62.25

**DOCUMENT # N01000005918**

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



Principal Place of Business  
**3165 MCCRORY PLACE, STE 185  
ORLANDO, FL 32803**

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

**40012403**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012005

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, 2005**

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 **Mike Uselton**  
STREET ADDRESS **3904 Cortez Rd west**  
CITY-ST-ZIP **Bradenton fl 34210**

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 **KNOPKE, KEENAN**  
STREET ADDRESS **1750 CULLEW RD.**  
CITY-ST-ZIP **PALM HARBOR, FL 34683**

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

TITLE **D** ☐ Delete  
NAME **OGIER, MATTHEWES**  
STREET ADDRESS **1680 METROPOLITAN CIR.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

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 **P** ☒ 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: *Phillip Lloyd Coleman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/1/05*

Date

*305 245 4444*

Daytime Phone #