

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

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



02042007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

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

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IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees.**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	USELTON, MIKE
STREET ADDRESS	3904 CORTEZ RE WEST
CITY- ST- ZIP	BRADENTON, FL 34210
TITLE	ST
NAME	COLEMAN, PHILLIP LLOYD
STREET ADDRESS	PO BOX 561008
CITY- ST- ZIP	MIAMI, FL 332561008
TITLE	D
NAME	KNOPKE, KEENAN
STREET ADDRESS	1750 CULLEW RD.
CITY- ST- ZIP	PALM HARBOR, FL 34683
TITLE	D
NAME	OGIER, MATTHEWES
STREET ADDRESS	1680 METROPOLITAN CIR.
CITY- ST- ZIP	TALLAHASSEE, FL 32308
TITLE	P
NAME	ROBERTS, TERRY
STREET ADDRESS	1717 BOGGY CREEK RD.
CITY- ST- ZIP	KISSIMMEE, FL 34244
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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