

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90052 001 ***122.50

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**

66006805



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-1132916

Applied For
Not Applicable

Zip

Country

Zip

Country

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, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
USELTON, MIKE
3904 CORTEZ RE WEST
BRADENTON, FL 34210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Douglas KINZER
1930 SW 10 ST
BOCA RATON FL 33486** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**LARRY J FENKINS
400 WOODLAWN CEMETERY RD
GOTTA FL 34734** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KNOPKE, KEENAN
1750 CULLEW RD.
PALM HARBOR, FL 34683** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVID DANIELS
7303 BARBECUE BLVD.
PALM BAY FL 32909** ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 #

4/11/08 305 245 4444