2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N01000008355

Entity Name: FUNERAL CONSUMERS ALLIANCE OF GREATER ORLANDO, INC.

Current Principal Place of Business:

PO BOX 953
GOLDENROD, FL 327330953

New Principal Place of Business:

Current Mailing Address:

830 HAMMOCKS DR.
OCOEE, FL 34761

New Mailing Address:

FEI Number: 80-0026900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANEY, VICTORIA
830 HAMMOCKS DR.
OCOEE, FL 347613404 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:	CLARK, JUDITH M	
Address:	8671 HILLSIDE DR.	
City-St-Zip:	ORLANDO, FL 32810	
Title:	VTD	( ) Delete
Name:	LEVIN, STANLEY M	
Address:	310 SPRING LAKE HILLS DR.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	PD	( ) Delete
Name:	LANEY, VICTORIA	
Address:	830 HAMMOCKS DR.	
City-St-Zip:	OVIEDO, FL 34761	
Title:	S	( ) Delete
Name:	FRENCH, WARREN	
Address:	5901 DAHLIA DR.	
City-St-Zip:	ORLANDO, FL 32807	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	LANEY, VICTORIA	
Address:	830 HAMMOCKS DR.	
City-St-Zip:	OCOEE, FL 34761	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VICTORIA LANEY MS. 04/29/2005

Electronic Signature of Signing Officer or Director — Date