

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008355

FILED
Apr 30, 2007
Secretary of State

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:

830 HAMMOCKS DR.
OCOEE, FL 34761

Current Mailing Address:

830 HAMMOCKS DR.
OCOEE, FL 34761

New Mailing Address:

PO BOX 953
GOLDENROD, FL 327330953

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: OCOEE, 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MACHA, PENFOLD
Address: 1016 GINGER SPICE LANE
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date