2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008355

FILED Apr 27, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

830 HAMMOCKS DR. 11648 MCCULLOCH ROAD OCOEE, FL 34761 ORLANDO, FL 32817

Current Mailing Address: New Mailing Address:

PO BOX 953 11648 MCCULLOCH ROAD GOLDENROD, FL 327330953 0RLANDO, FL 32817

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LANEY, VICTORIA HARGETT, PAUL PRES.
830 HAMMOCKS DR. 11648 MCCULLOCH ROAD
OCOEE, FL 347613404 US ORLANDO, FL 32817 US

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: PAUL HARGETT 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: D () Delete Title: VP (X) Change () Addition

 Name:
 CLARK, JUDITH M
 Name:
 COOK, TOM

 Address:
 8671 HILLSIDE DR.
 Address:
 2306 PEL AVE.

 City-St-Zip:
 ORLANDO, FL 32810
 City-St-Zip:
 ORLANDO, FL 32806

Title: VTD () Delete Title: TREA (X) Change () Addition

 Name:
 LEVIN, STANLEY M
 Name:
 ASHCRAFT, DUTTON J

 Address:
 310 SPRING LAKE HILLS DR.
 Address:
 2726 DOBBIN DRIVE

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:
 ORLANDO, FL 32817

Title: PD () Delete Title: DIR. (X) Change () Addition Name: LANEY, VICTORIA Name: FRIEDMAN, SYLVIA

 Name:
 LANEY, VICTORIA
 Name:
 FRIEDMAN, SYLVIA

 Address:
 830 HAMMOCKS DR.
 Address:
 4528 N. LANDMARK DR.

 City-St-Zip:
 OCOEE, FL 34761
 City-St-Zip:
 ORLANDO, FL 32817

Title: S () Delete Title: DIR. (X) Change () Addition

 Name:
 MACHA, PENFOLD
 Name:
 MCELROY, DAVID

 Address:
 1016 GINGER SPICE LANE
 Address:
 4356 WATERMILL AVE.

 City-St-Zip:
 OCOEE, FL 34761
 City-St-Zip:
 ORLANDO, FL 32817

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: DUTTON J. ASHCRAFT TREA 04/27/2009