

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90029 018 \*\*\*\*61.25

<b>DOCUMENT # N03000002312</b>			
1. Entity Name <b>FUNERAL CONSUMERS ALLIANCE OF SOUTHEAST FLORIDA, INC.</b>			
Principal Place of Business <b>1626 SE 3 CT STE 144 DEERFIELD BEACH FL 33441</b>		Mailing Address <b>1626 SE 3 CT STE 144 DEERFIELD BEACH FL 33441</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>06-1711863</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>SCHELLBACH, AL 1626 SE 3 CT STE 144 DEERFIELD BEACH FL 33441</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HATZGELD, BARBARA</b> <b>319 CLUB DR</b> <b>PALM BEACH GARDENS FL 33418-7071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1V</b> <b>SILKEN SCHELLBACH</b> <b>925 NE 209TH BLVD #114</b> <b>N. MIAMI BCH, FL 33179-1220</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1V</b> <b>WILSON, ANN</b> <b>118 LINDA LN</b> <b>PALM BEACH SHORES FL 33404-6255</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2V</b> <b>RICHARD J. SCHELLBACH</b> <b>426 NE 209TH BLVD #104</b> <b>N. MIAMI BCH, FL 33179-1220</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2V</b> <b>LARSON, A WILLIAM</b> <b>118 LINDA LN</b> <b>PALM BEACH SHORES FL 33404-6255</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRIGHTON LEDEER</b> <b>1769 GULFSTREAM WAY</b> <b>WEST PALM BEACH, FL 33411</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MURRAY, ANN</b> <b>299 BALSAM ST</b> <b>PALM BEACH GARDENS FL 33410-4806</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARBARA LEVINSON #120</b> <b>12910 BRIARLAKE DR</b> <b>PALM BEACH GARDENS, FL 33418</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TA</b> <b>SCHELLBAUM, ALFRED J</b> <b>1950 NE 3RD ST # 4</b> <b>DEERFIELD BEACH FL 33441-5701</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JANE FELLOWIE</b> <b>120 CYPRESS POINT DR.</b> <b>PALM BEACH GARDENS, FL 33418</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENJAMIN, NANCY</b> <b>607 UNIVERSAL BLVD # 10</b> <b>JUNO BEACH FL 33408</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FAITH CAMPBELL</b> <b>8062 DUCHESSE CT E</b> <b>BOYNTON BEACH, FL 33418</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: \_\_\_\_\_

**ALFRED J. SCHELLBACH**

04-04-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #