

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90162 045 \*\*\*\*61.25

<b>DOCUMENT # N03000002312</b>					
<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</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03042006    Chg-NP    CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 06-1711863	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>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</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> HATZGELD, BARBARA <b>STREET ADDRESS</b> 319 CLUB DR <b>CITY-ST-ZIP</b> PALM BEACH GARDENS, FL 334187071	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> CAMPBELL, FAITH <b>STREET ADDRESS</b> 8562 DUCHASS CT E. <b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> 1V <b>NAME</b> SCHELLBACH, EILEEN <b>STREET ADDRESS</b> 925 NE 209 ST BLD. 28 # 104 <b>CITY-ST-ZIP</b> MIAMI, FL 331791220	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> LEIDERER CREIGHTON <b>STREET ADDRESS</b> 1769 GOLF STREAM WAY <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> 2V <b>NAME</b> SCHELLBACH, RICHARD J. <b>STREET ADDRESS</b> 925 NE 209 ST BLD. 28 # 104 <b>CITY-ST-ZIP</b> PALM BEACH SHORES, FL 334046255	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> LEEDY, DIANE <b>STREET ADDRESS</b> 347 RAULER BLVD <b>CITY-ST-ZIP</b> LAKE PARK, FL 33403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> MURRAY, ANN <b>STREET ADDRESS</b> 299 BALSAM ST <b>CITY-ST-ZIP</b> PALM BEACH GARDENS, FL 334104806	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> LEVINSON, BARBARA <b>STREET ADDRESS</b> 12910 BRIAR LAKE DR #106 <b>CITY-ST-ZIP</b> PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TA <b>NAME</b> SCHELLBAUM, ALFRED J <b>STREET ADDRESS</b> 1950 NE 3RD ST # 4 <b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 334415701	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> PELOWE, JANE <b>STREET ADDRESS</b> 120 CYPRESS POINT DR <b>CITY-ST-ZIP</b> PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BENJAMIN, NANCY <b>STREET ADDRESS</b> 607 UNIVERSAL BLVD # 10 <b>CITY-ST-ZIP</b> JUNO BEACH, FL 33408	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Alfred J. Schellbach</i> <b>ALFRED J. SCHELLBACH</b> 03-06-06    954-234-2866					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					