


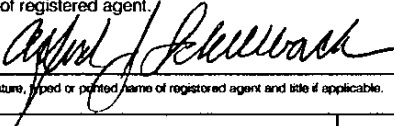
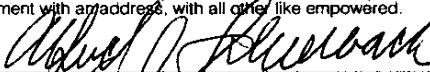
FILED
Feb 01, 2007 8:00 am
Secretary of State

9000000000



4. FEI Number 06-1711863	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DOCUMENT # N03000002312				02-01-2007 90035 048 ****61.25	
1. Entity Name FUNERAL CONSUMERS ALLIANCE OF SOUTHEAST FLORIDA, INC.		Principal Place of Business 1626 SE 3 CT STE 144 DEERFIELD BEACH, FL 33441		Mailing Address 1626 SE 3 CT STE 144 DEERFIELD BEACH, FL 33441	
2. Principal Place of Business - No P.O. Box # 1950 NE 3RD ST.		3. Mailing Address Suite, Apt. #, etc.		01272007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. 4		Suite, Apt. #, etc.		4. FEI Number 06-1711863	
City & State DEERFIELD BEACH, FL		City & State		Applied For Not Applicable	
Zip 33441-3701		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHELLBACH, AL 1626 SE 3 CT STE 144 DEERFIELD BEACH, FL 33441				7. Name and Address of New Registered Agent Name ALFRED J. SCHELLBACH Street Address (P.O. Box Number is Not Acceptable) 1950 NE 3RD ST # 4 City DEERFIELD BEACH FL Zip Code 33441-3701	
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  TREASURER JANUARY 29, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P <input checked="" type="checkbox"/> Delete NAME HATZGELD, BARBARA STREET ADDRESS 319 CLUB DR CITY-ST-ZIP PALM BEACH GARDENS, FL 334187071			TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HATZFELD, BARBARA STREET ADDRESS 319 CLUB DR. CITY-ST-ZIP PALM BEACH GARDENS, FL 334187071		
TITLE 1V <input type="checkbox"/> Delete NAME SCHELLBACH, EILEEN STREET ADDRESS 925 NE 209 ST BLD. 28 # 104 CITY-ST-ZIP MIAMI, FL 331791220			TITLE 1V <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME SCHELLBACH, EILEEN STREET ADDRESS 925 NE 209 ST BLD. 28 # 104 CITY-ST-ZIP MIAMI, FL 331791220		
TITLE 2V <input checked="" type="checkbox"/> Delete NAME SCHELLBACH, RICHARD J. STREET ADDRESS 925 NE 209 ST BLD. 28 # 104 CITY-ST-ZIP PALM BEACH SHORES, FL 334046255			TITLE 2V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SCHELLBACH, RICHARD J. STREET ADDRESS 925 NE 209 ST BLD 28 # 104 CITY-ST-ZIP MIAMI FL 331791220		
TITLE S <input type="checkbox"/> Delete NAME MURRAY, ANN STREET ADDRESS 299 BALSAM ST CITY-ST-ZIP PALM BEACH GARDENS, FL 334104806			TITLE S <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME MURRAY, ANN STREET ADDRESS 299 BALSAM ST CITY-ST-ZIP PALM BEACH GARDENS, FL 334104806		
TITLE TA <input checked="" type="checkbox"/> Delete NAME SCHELLBAUM, ALFRED J STREET ADDRESS 1950 NE 3RD ST # 4 CITY-ST-ZIP DEERFIELD BEACH, FL 334415701			TITLE TA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SCHELLBACH, ALFRED J. STREET ADDRESS 1950 NE 3RD ST # 4 CITY-ST-ZIP DEERFIELD BEACH, FL 334413701		
TITLE D <input type="checkbox"/> Delete NAME BENJAMIN, NANCY STREET ADDRESS 607 UNIVERSAL BLVD # 10 CITY-ST-ZIP JUNO BEACH, FL 33408			TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME BENJAMIN, NANCY STREET ADDRESS 607 UNIVERSAL BLVD # 10 CITY-ST-ZIP JUNO BEACH, FL 33408		
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. SIGNATURE:  ALFRED J. SCHELLBACH 01-29-07 954-429-0280 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					