## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000005016

FILED May 02, 2008 Secretary of State

Entity Name: FUNERAL CONSUMERS ASSOCIATION OF TAMPA BAY INC.

Current Pri	incipal Place of Business:	New Princi	ipal Place of Business:
C/O M. SANDRA ELMORE 18902 ARBOR DR LUTZ, FL 335485051 US			
Current Mailing Address:		New Mailing Address:	
18902 ARB	NDRA ELMORE OR DR 335485051 US		
FEI Number: 59-3213555 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of New Registered Agent: Name and Address of New Registered Agent:			
ELMORE, N 18902 ARB LUTZ, FL 3			
The above in the State	named entity submits this statement for the purpose of Florida.	of changing it	s registered office or registered agent, or both,
SIGNATUR	E:		
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	SD () Delete MORTON, JACK 712 CAMELLIA GREEN DR. SUN CITY CENTER, FL 33573	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete BROOKS, PAUL 18118 US HWY 41 LUTZ, FL 33549	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition CRUIT, NANCY 18902 ARBOR DR LUTZ, FL 33548
Title: Name: Address: City-St-Zip:	D () Delete OWENS, NAN 4704 LAKEWOOD DR. SEFFNER, FL 33584	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MCGUIRE, ELIZABETH 1320 W BOGIE DR TAMPA, FL 33612
Title: Name: Address: City-St-Zip:	TD ( ) Delete ELMORE, M S 18902 ARBOR DR LUTZ, FL 335485051	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP ( ) Delete RILEY, LEW 322 NORTH WAY DR SUN CITY CENTER, FL 33573	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition BROOKS, PAUL 18118 US HWY 41 LOT 25B LUTZ, FL 33549
Title: Name: Address: City-St-Zip:	PD () Delete SCHMEISER, ROBERT 312 FAIRCROSS CIRCLE SUN CITY CENTER, FL 33573	Title: Name: Address: City-St-Zip:	()Change ()Addition

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: M.SANDRA ELMORE TD 05/02/2008