


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90030 042 ****61.25

DOCUMENT # N98000002992

1. Entity Name
FUNERAL CONSUMERS ALLIANCE OF NORTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address

**5425 DYNASTY DR
PENSACOLA FL 32504
US** **5425 DYNASTY DR
PENSACOLA FL 32504
US**

J401130J



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-1858888 Not Applicable

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

6. Name and Address of Current Registered Agent

**LUPONE, DONALD
5425 DYNASTY DRIVE
PENSACOLA FL 32504**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$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 CHINN, DARRELL D 309 MONAHAN DRIVE FORT WALTON BEACH FL 32547	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP JACKSON, JOHN 4181 CAPRI DRIVE PENSACOLA FL 32504	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T LUPONE, DONALD 5425 DYNASTY DR PENSACOLA FL 32504	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S WRIGHT, CLAIRE 7804 NORTH POINTE BLVD PENSACOLA FL 32514	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	JACKSON, EVELYN
STREET ADDRESS		STREET ADDRESS	4181 CAPRI DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	T HUNT, ALBERT T 7690 MARTHAS WAY NAVARRE FL 32566	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Trustee MEENEN, HENRY
STREET ADDRESS		STREET ADDRESS	15 MANOR DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	T FITZPATRICK, WILMA 3125 BAYVIEW WAY PENSACOLA FL 32503	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Donald Lupone, DONALD LUPONE; TREASURER; 18 Feb 04; (850) 477-9085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #