

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725691

**Entity Name:** FUNERAL CONSUMERS ALLIANCE OF SARASOTA-MANATEE, INC.**FILED**  
**Mar 02, 2017**  
**Secretary of State**  
**CC7141546553****Current Principal Place of Business:**2428 GOLDENROD STREET  
SARASOTA, FL 34239**Current Mailing Address:**PO BOX 15833  
SARASOTA, FL 34277 US**FEI Number:** 23-7205156**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**EDWARDS, NANCIE I  
2428 GOLDENROD STREET  
SARASOTA, FL 34239 US*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.***SIGNATURE:** NANCIE EDWARDS

03/02/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	WHITE, CHRISTOPHER
Address	P.O. BOX 15833
City-State-Zip:	SARASOTA FL 34277

Title	SECRETARY
Name	EDWARDS, NANCIE I
Address	2428 GOLDENROD STREET
City-State-Zip:	SARASOTA FL 34239

Title	TREASURER
Name	TAKERIAN, SUZANNE JOAN
Address	PO BOX 15833
City-State-Zip:	SARASOTA FL 34277

Title	TRUSTEE
Name	RUOFF, ROCKY
Address	PO BOX 15833
City-State-Zip:	SARASOTA FL 34277

Title	TRUSTEE
Name	FIEBERG, WILLIAM
Address	PO BOX 15833
City-State-Zip:	SARASOTA FL 34277

Title	VP
Name	MILLER, KEITH
Address	PO BOX 15833
City-State-Zip:	SARASOTA FL 34277

*I hereby 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 all other like empowered.*

**SIGNATURE:** SUZANNE JOAN TAKERIAN**TREASURER**

03/02/2017

Electronic Signature of Signing Officer/Director Detail

Date