

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90032 049 ****61.25

DOCUMENT # N99000004536
 1. Entity Name
 ESPANOLA CEMETERY ASSOCIATION, INC.



Principal Place of Business: CR 205, BUNNELL, FL 32110
 Mailing Address: C/O CARY D. HOLLAND, 52 N. ST. ANDREWS DR., ORMOND BEACH, FL 32174-3839

60006376



01182006 No Chg-NP CR2E037 (11/05)

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4. FEI Number: NOT APPLICABLE
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 HOLLAND, CARY D
 52 N. ST. ANDREWS DR.
 ORMOND BEACH, FL 32174-3839

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	MERCER, RAY
STREET ADDRESS	410 N. ANDERSON ST.
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	TD
NAME	HOLLAND, CARY D
STREET ADDRESS	52 N. ST. ANDREWS DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	PD
NAME	PONTIUS, LILA
STREET ADDRESS	720 CR 304
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	D
NAME	DEEN, CLAUDE SISCO JR.
STREET ADDRESS	1347 N OCEANSIDE BLVD
CITY-ST-ZIP	FLAGLER BEACH, FL 321360637
TITLE	D
NAME	HOLLAND, KENT H
STREET ADDRESS	1078 GEORGE ANDERSON ST
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	EMERY, HOWARD
STREET ADDRESS	ESPANOLA RD
CITY-ST-ZIP	BUNNELL, FL 32110

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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: *Cary D. Holland* CARY D. HOLLAND Date: 1/19/06 384 6731119 Daytime Phone #