

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90242 019 ****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**

60000508



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLLAND, CARY D
 52 N. ST. ANDREWS DR.
 ORMOND BEACH, FL 32174-3839**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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 SD Delete
 NAME **MERCER, RAY**
 STREET ADDRESS **410 N. ANDERSON ST.**
 CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE Change Addition
 NAME **MARIE LOGAN**
 STREET ADDRESS **RD. BOX 283**
 CITY-ST-ZIP **Bunnell FL 32110-0283**

TITLE TD Delete
 NAME **HOLLAND, CARY D**
 STREET ADDRESS **52 N. ST. ANDREWS DRIVE**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD Delete
 NAME **PONTIUS, LILA**
 STREET ADDRESS **720 CR 304**
 CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME **DEEN, CLAUDE SISCO JR.**
 STREET ADDRESS **1347 N OCEANSIDE BLVD**
 CITY-ST-ZIP **FLAGLER BEACH, FL 321360637**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME **HOLLAND, KENT H**
 STREET ADDRESS **1078 GEORGE ANDERSON ST**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME **EMERY, HOWARD**
 STREET ADDRESS **ESPANOLA RD - change 3831 OLD**
 CITY-ST-ZIP **BUNNELL, FL 32110**
DIXIE Hwy

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 Jan 2007

Date Daytime Phone #