

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716715

Entity Name: FT. MCCOY CEMETERY ASSOCIATION, INC.**Current Principal Place of Business:**11780 NE 142ND PLACE
FT.MCCOY, FL 32134**Current Mailing Address:**P.O.BOX 97
FT. MCCOY, FL 32134 US**FEI Number: 59-3029762****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**THOMAS, HOYALENE P.
11780 NE 142ND PLACE
FT MCCOY, FL 32134 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DST
Name	THOMAS, HOYALENE P.
Address	11780 NE 142ND PLACE
City-State-Zip:	FT MCCOY FL 32134

Title	D
Name	WELLS, DANIEL JJR
Address	16701 NE 148TH TERR RD
City-State-Zip:	FT MCCOY FL 32134

Title	PD
Name	HALL, HARMON
Address	1500 NE 59TH ST
City-State-Zip:	OCALA FL 34479

Title	DIRECTOR
Name	JORDAN, BRANDI
Address	11790 NE 142PLACE
City-State-Zip:	FORT MCCOY FL 32134

Title	DIRECTOR
Name	COOK, SHONA
Address	1600 NE HWY316
City-State-Zip:	FORT MCCOY FL 32134

Title	DIRECTOR
Name	COOK, JOSEPH
Address	1600 NE HWY316
City-State-Zip:	FORT MCCOY FL 32134

Title	DIRECTOR
Name	THOMAS, VANESSA
Address	11788 NE 142 PLACE
City-State-Zip:	FORT MCCOY FL 32134

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: HOYALENE THOMAS**D/S/T****01/22/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date