

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02427

**Entity Name:** SALUDA CEMETERY ASSOCIATON, INC.

**Current Principal Place of Business:**

7421 NE US HWY 301  
HAWTHORNE, FL 32640

**Current Mailing Address:**

7421 NE US HWY 301  
HAWTHORNE, FL 32640 US

**FEI Number:** 59-2719633

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAVIS, ALIC  
7421 NE US HWY 301  
HAWTHORNE, FL 32640 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 PD  
Name DAVIS, ALIC  
Address 7421 NE US HWY 301  
City-State-Zip: HAWTHORNE FL 32640

Title ST  
Name DAVIS, JUDY  
Address 7421 NE US HWY 301  
City-State-Zip: HAWTHORNE FL 32640

Title D  
Name DOUGHERTY, PAUL  
Address 17627 NE 72ND PLACE  
City-State-Zip: HAWTHORNE FL 32640

Title D  
Name BASS, JOHNNY  
Address 16727 NE 83RD PL  
City-State-Zip: HAWTHORNE FL 32640

Title DIRECTOR  
Name DOUGHERTY, HARRY  
Address 8620 NE US HWY 301  
City-State-Zip: HAWTHORNE FL 32640

*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:** ALIC DAVIS

**PRESIDENT**

**01/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date