

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000004536

Entity Name: ESPANOLA CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

CR 205
BUNNELL, FL 32110

Current Mailing Address:

HARRY MOODY
1610 SO. FLAGLER AVE P. O. BOX 811
FLAGLER BEACH, FL 32136 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOODY, HARRY
1610 SOUTH FLAGLER AVE. PO 811
FLAGLER BEACH, FL 32136 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: HARRY MOODY

02/19/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name HOLLAND, CARY D
Address 52 N. ST. ANDREWS DRIVE
City-State-Zip: ORMOND BEACH FL 32174

Title D
Name PONTIUS, LILA
Address 720 CR 304
City-State-Zip: BUNNELL FL 32110

Title D
Name DEEN, CLAUDE SISCO JR.
Address 1347 N OCEANSIDE BLVD
City-State-Zip: FLAGLER BEACH FL 32130-0637

Title D
Name HOLLAND, KENT H
Address 1078 GEORGE ANDERSON ST
City-State-Zip: ORMOND BEACH FL 32174

Title D
Name MORRIS, RANDALL
Address P. O. BOX 932
500 N. CHAPEL ST.
City-State-Zip: BUNNELL FL 32110

Title DIRECTOR
Name BROCK, DONALD
Address 3088 CR13
PO BOX 715
City-State-Zip: BUNNELL FL 32110

Title TREASURER
Name ATKINSON-BROCK, MELISSA B
Address PO BOX 715
City-State-Zip: BUNNELL FL 32110

Title MEMBER
Name WORLEY, GORDON P
Address 1860 BLACKPOINT ROAD
City-State-Zip: BUNNELL FL 32110

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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: DONALD J. BROCK

DIRECTOR

02/19/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. TREASURER
Name WORLEY, SUSIE S
Address 1860 BLACKPOINT ROAD
City-State-Zip: BUNNELL FL 32110