

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004536

**Entity Name:** ESPANOLA CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

CR 205  
BUNNELL, FL 32110

**FILED**  
**Mar 23, 2013**  
**Secretary of State**  
**CC4554567748**

**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.  
P O BOX 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

03/23/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name MERCER, RAY  
Address 410 N. ANDERSON ST.  
City-State-Zip: BUNNELL FL 32110

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 32136-0637

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

Title D  
Name EMERY, HOWARD  
Address 3831 OLD DIXIE HWY  
City-State-Zip: BUNNELL FL 32110

*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:** CARY HOLLAND

D

03/23/2013

Electronic Signature of Signing Officer/Director Detail

Date