

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90029 045 \*\*\*\*61.25

**DOCUMENT # 702071**

1. Entity Name

FLORIDA CEMETERY ASSOCIATION, INC.



Principal Place of Business

9013 SW 78 PL  
MIAMI FL 33156  
US

Mailing Address

P.O. BOX 561008  
MIAMI FL 33256

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1694817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, PHILLIP LLOYD  
9013 SW 78 PL  
MIAMI FL 33156

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE SD  
NAME COLEMAN, PHILLIP LLOYD ☐ Delete  
STREET ADDRESS 9013 SW 78 PL  
CITY-ST-ZIP MIAMI FL 33152

TITLE D  
NAME ROMANACH, GABRIEL ☐ Delete  
STREET ADDRESS 3260 SW 8TH STREET  
CITY-ST-ZIP MIAMI FL 33135

TITLE P  
NAME STUART, RANDAL ☐ Delete  
STREET ADDRESS 517 PARK ST  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE VPD  
NAME KNOPKE, KEENAN ☐ Delete  
STREET ADDRESS 121 S ORANGE ST  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D  
NAME TERRY, ROBERT ☐ Delete  
STREET ADDRESS 1717 BOGGI CREEK RD.  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1750 CURLEW RD  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/04

305 245 4444