

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

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



**DO NOT WRITE IN THIS SPACE**

02042007 No Chg-NP CR2E037 (4/06)  
 4. FEI Number: 59-1694817 Applied For / Not Applied  
 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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLEMAN, PHILLIP LLOYD 9013 SW 78 PL MIAMI, FL 33152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D USELTON, MIKE 3904 CORTEZ ROAD WEST BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KNOPKE, KEENAN 1750 CURLEW RD. PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, ROBERT 1717 BOGGI CREEK RD. KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000528474  
 02/16/07-80016-011 122.50

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 2/4/07 305 245-4444  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #