

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716715

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** FT. MCCOY CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

11780 NE 142ND PLACE  
FT.MCCOY, FL 32134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 97  
FT. MCCOY, FL 32134 US

**New Mailing Address:**

**FEI Number:** 59-3029762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, HOYALENE P.  
11780 NE 142ND PLACE  
FT MCCOY, FL 32134 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DST  
Name: THOMAS, HOYALENE P.  
Address: 11780 NE 142ND PLACE  
City-St-Zip: FT MCCOY, FL 32134

Title: D  
Name: WELLS, DANIEL J JR  
Address: 16701 NE 148TH TERR RD  
City-St-Zip: FT MCCOY, FL 32134

Title: D  
Name: HARPER, EVELYN M  
Address: 14620 NE 113TH TER  
City-St-Zip: FT MCCOY, FL 32134

Title: PD  
Name: HALL, HARMON  
Address: 1500 NE 59TH ST  
City-St-Zip: OCALA, FL 34479

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: HOYALENE P. THOMAS

DST

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date