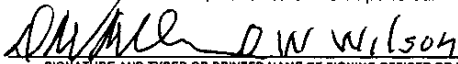


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 735290		
1. Entity Name HOMELAND CEMETERY ASSOCIATION, INCORPORATED		
Principal Place of Business HIBISCUS AVE HOMELAND, FL 33847	Mailing Address PO BOX 79 HOMELAND, FL 33847	
		
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILSON, DWIGHT W HIBISCUS AVENUE HOMELAND, FL 33847		4. FEI Number 59-1575283 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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 _____ Signature, typed or printed name of registered agent and title if applicable (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	000000583336 01/18/07-80013-001 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILSON, DWIGHT W HIBISCUS AVENUE HOMELAND, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SILER, HENRY FOUTH ST HOMELAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARTIN, WILLIAM R. MIMOSA AVENUE HOMELAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SNELL, WAYNE R 1 ST HOMELAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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		17 Jan 2007 863-533-5017 Date Daytime Phone #