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	Mailing Address
HIBISCUS AVE HOMELAND, FL 33847	PO BOX 79 HOMELAND, FL 33847

01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1575283
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, DWIGHT W
HIBISCUS AVENUE
HOMELAND, FL 33847

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	ST
NAME	WILSON, DWIGHT W
STREET ADDRESS	HIBISCUS AVENUE
CITY-ST-ZIP	HOMELAND, FL
TITLE	DT
NAME	SILER, HENRY
STREET ADDRESS	FOUTH ST
CITY-ST-ZIP	HOMELAND, FL
TITLE	DT
NAME	MARTIN, WILLIAM R.
STREET ADDRESS	MIMOSA AVENUE
CITY-ST-ZIP	HOMELAND, FL
TITLE	DT
NAME	SNELL, WAYNE R
STREET ADDRESS	1 ST
CITY-ST-ZIP	HOMELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: D W Wilson 12 Jan 2007 863-533-5017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #