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

## Feb 04, 2004 08:00 ĀM **DOCUMENT # 759825** Secretary of State 1. Entity Name NEWNANSVILLE, ALACHUA CEMENTARY ASSOCIATION, INCORPORATED Principal Place of Business Mailing Address 14906 NW 144TH ST P.O. BOX 471 ALACHUA FL 32616 ALACHUA FL 32616 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2045949 Not Applicable Country Zìo \$8.75 Additional Zin Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAUTHEN, G RAY JR Street Address (P.O. Box Number is Not Acceptable) 2145 NW 10 ST GAINESVILLE FL 32609 Zip Code City 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 Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete MILE WATERS, VIDA MAE NAME NAME 14906 NW 144TH ST STREET ADDRESS STREET ADDRESS U00000032755 ALACHUA FL 32616 CITY-ST-ZIP CITY-ST-ZIP <del>02/05/0**4** 00016 014</del> TITLE ☐ Delete TITLE BRYAN, EARL R NAME NAME 9016 NW 143 ST STREET ADDRESS STREET ADDRESS ALACHUA FL 32615 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE BRYAN, JESSE NAME NAME 9015 NW 143RD ST STREET ADDRESS STREET ADDRESS ALACHUA FL 32615 CITY - ST- ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE IRBY, W.W. NAME NAME P O BOX 148 STREET ADDRESS STREET ADDRESS ALACHUA FL 32616 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE BRYAN, RICHARD MAME NAME 9016 NW 143RD ST STREET ADDRESS STREET ADDRESS ALACHUA FL 32616 CITY-ST-ZIP CITY - ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE HARRISON, JAMES W NAME 14209 N.W. 148TH PLACE STREET ADDRESS STREET ADDRESS ALACHUA FL 32616 CITY-ST-ZIP

**FILED** 

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\*\*

\*\*Juda\*\*

\*\*Watturd\*\*

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