

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 759825

1. Entity Name
**NEWNANSVILLE, ALACHUA CEMENTARY
ASSOCIATION, INCORPORATED**



Principal Place of Business
**14906 NW 144TH ST
ALACHUA, FL 32616 US**

Mailing Address
**P.O. BOX 471
ALACHUA, FL 32616**

DO NOT WRITE IN THIS SPACE



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-2045949** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAUTHEN, G RAY JR
2145 NW 10 ST
GAINESVILLE, FL 32609**

**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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	WATERS, VIDA MAE
STREET ADDRESS	14906 NW 144TH ST
CITY-ST-ZIP	ALACHUA, FL 32616
TITLE	VP
NAME	BRYAN, EARL R
STREET ADDRESS	9016 NW 143 ST
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D
NAME	BRYAN, JESSE
STREET ADDRESS	9015 NW 143RD ST
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D
NAME	IRBY, W.W.
STREET ADDRESS	P O BOX 148
CITY-ST-ZIP	ALACHUA, FL 32616
TITLE	D
NAME	BRYAN, RICHARD
STREET ADDRESS	9016 NW 143RD ST
CITY-ST-ZIP	ALACHUA, FL 32616
TITLE	D
NAME	HARRISON, JAMES W
STREET ADDRESS	14209 N.W. 148TH PLACE
CITY-ST-ZIP	ALACHUA, FL 32616

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01/25/05-80089-010 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

Vida Mae Waters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 14, 2005 *(386) 462-1621*
Date Daytime Phone #