

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90066 013 ****61.25

DOCUMENT # 759825

1. Entity Name

**NEWNANSVILLE, ALACHUA CEMENTARY ASSOCIATION,
INCORPORATED**



Principal Place of Business

Mailing Address

**14906 NW 144TH ST
ALACHUA FL 32616
US**

**P.O. BOX 471
ALACHUA FL 32616**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

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

Name **WATERS, VIDA MAE**

Street Address (P.O. Box Number is Not Acceptable)

14906 NW 144th Street

City **ALACHUA**

FL

Zip Code **32616**

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 **VIDA MAE WATERS**

Vida Mae Waters

2/15/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **WATERS, VIDA MAE**
STREET ADDRESS **14906 NW 144TH ST**
CITY-ST-ZIP **ALACHUA FL 32616**

TITLE ☐ Delete
NAME **BRYAN, EARL R**
STREET ADDRESS **9016 NW 143 ST**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ Delete
NAME **BRYAN, JESSE**
STREET ADDRESS **9015 NW 143RD ST**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ Delete
NAME **IRBY, W.W.**
STREET ADDRESS **P O BOX 148**
CITY-ST-ZIP **ALACHUA FL 32616**

TITLE ☐ Delete
NAME **BRYAN, RICHARD**
STREET ADDRESS **9016 NW 143RD ST**
CITY-ST-ZIP **ALACHUA FL 32616**

TITLE ☐ Delete
NAME **HARRISON, JAMES W**
STREET ADDRESS **14209 N.W. 148TH PLACE**
CITY-ST-ZIP **ALACHUA FL 32616**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Director
Ava Hagan**
STREET ADDRESS **14001 N.W. 138th St.**
CITY-ST-ZIP **Alachua, FL 32615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **President
Harrison, James W.**
STREET ADDRESS **14209 N.W. 148th Pl**
CITY-ST-ZIP **Alachua, FL 32616**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

VIDA MAE WATERS *Vida Mae Waters* **2/15/06 (386) 462-1621**