

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

**FILED**

**Jan 12, 2007 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**

01102007 No Chg-NP

CR2E037 (4/06)

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**

**WATERS, VIDA MAE  
14906 NW 144TH ST  
ALACHUA, FL 32616**

**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

**01/12/07-80027-023 61.25**

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

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

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

*Jan 9, 2007*  
Date

*(386) 462-1621*  
Daytime Phone #