2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90136 008 ****61.25

DOCUMENT # 760125

1. Entity Name

JONESVILLE COMMUNITY CEMETERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% JUDY DURANNCE 24914 N.W. 2ND AVE NEWBERRY FL 32669 US	P.O. BOX 81 NEWBERRY FL 32669 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2149050 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BATES, VALENTINE C
1511 N.W. 6TH STREET
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCELROY, STEVE		NAME		
STREET ADDRESS	727 SW 186TH ST		STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DURRANCE, JUDY		NAME		
STREET ADDRESS	24914 NW 2ND AVE		STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HINES BLANCHE,		NAME		
STREET ADDRESS	19504 SW 46TH AVE		STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOALS, MARJORIE		NAME		
STREET ADDRESS	8118 SW 98TH AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCELROY, STEVE		NAME		
STREET ADDRESS	727 SW 186TH ST		STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	VD	☐ Change ☑ Addition
NAME			NAME	Betty Wood	
STREET ADDRESS			STREET ADDRESS	713 SW 226 Street	
CITY-ST-ZIP			CITY-ST-ZIP	Newberry, FL 32669	

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: Judy Durrance - Judy Durrance 4-14-08 352-472-2269