


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # N00000002502 1. Entity Name WATULA COMMUNITY CEMETARY ASSOCIATION, INC.	
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Principal Place of Business 121 SW 46TH AVE. OCALA, FL 34474	Mailing Address POST OFFICE BOX 5241 OCALA, FL 34478
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DO NOT WRITE IN THIS SPACE



03152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3348017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ALICE F
1731 S.W. 5TH PLACE
OCALA, FL 34474

**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] (NOTE: Registered Agent signature required when reconstituting) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000862999 04/03/08-80072-027 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, ALICE F POST OFFICE BOX 5241 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKERSON, CLEO 1335 N.W. 52ND AVENUE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD WILKERSON, CARRIE 1335 N.W. 52ND AVENUE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D L.C. STEVENSON 333 N.W. 46TH AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TEDFORD, MERLENE POB 723 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORDON, SARAH 5495 N.W. 7TH STREET OCALA, FL 34482

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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: Alice F Brown 63-15-08 352 622-3741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #