SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT

1995 6-13-95 8-7240-XC

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:11

DOCUMENT # N01421 (9)

1. Corporation Name

EUREKA CEMETERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15100 NE 150TH AVE. FT. MCCOY FL 32134 US	15100 NE 150TH AVE. FT. MCCOY FL 32134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2490293 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) County (25) | Zip (29) County (30)

9. Name and Address of Current Registered Agent

FLANAGAN, STEPHEN L
15100 NE 150TH AVE.
FT. MCCOY FL 32134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	WELLS, STELLA	12 NAME	BROWN, BIRDIE	
STREET ADDRESS	PO BOX 253 N/A	13 STREET ADDRESS	RT 1 BOX 1780	
CITY-ST-ZIP	POMONO PK FL	14 CITY-ST-ZIP	Ft. MC COY, FL	
TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	BROWN, BIRDIE	22 NAME	WELLS, VESTA	
STREET ADDRESS	RT 1 BOX 1780	23 STREET ADDRESS	R 1, BOX 3340	
CITY-ST-ZIP	FT. MCCOY FL	24 CITY-ST-ZIP	FT. MCCOY, FL	
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	FLANAGAN, STEPHEN L	32 NAME		
STREET ADDRESS	15100 NE 150TH AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	FT. MCCOY FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	TEUTON, LESTER	42 NAME		
STREET ADDRESS	1614 S. PALM AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	LISLE, MARY	52 NAME		
STREET ADDRESS	RT. 3 BOX 4052	53 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen L Flanagan 6/13/95 902-236-2289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017939