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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

3. Date Incorporated or Qualified: 02/14/1984

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No NA

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	BROWN, BIRDIE		1.2 NAME	~~JANE~~ CHEATOM, JANE	
STREET ADDRESS	RT 1 BOX 1780		1.3 STREET ADDRESS	5490 NE 24TH ST	
CITY-ST-ZIP	FT MCCOY FL		1.4 CITY-ST-ZIP	OCALA, FL 34470	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	WELLS, VESTA		2.2 NAME	BUSTELO, DORIS	
STREET ADDRESS	RT 1 BOX 3340		2.3 STREET ADDRESS	15045 NE 148TH CT	
CITY-ST-ZIP	FT MCCOY FL		2.4 CITY-ST-ZIP	FT McCOY, FL 32134	
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FLANAGAN, STEPHEN L		3.2 NAME		
STREET ADDRESS	15100 NE 150TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MCCOY FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	TEUTON, LESTER		4.2 NAME	WELLS, VESTA	
STREET ADDRESS	1614 S. PALM AVE.		4.3 STREET ADDRESS	RT 1 BOX 3340	
CITY-ST-ZIP	PALATKA FL		4.4 CITY-ST-ZIP	FT McCOY, FL 32134	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	LISLE, MARY		5.2 NAME	LAXTON, CLAUDE	
STREET ADDRESS	RT. 3 BOX 4052		5.3 STREET ADDRESS	18100 NE 160TH AV ROAD	
CITY-ST-ZIP	PALATKA FL		5.4 CITY-ST-ZIP	FT McCOY, FL 32134	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Flanagan **NAME REQUIRED** 352-236-2289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #