

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90014 044 ****61.25

DOCUMENT # **N01421** ✓

1. Corporation Name

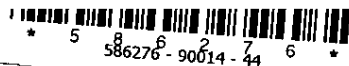
EUREKA CEMETERY ASSOCIATION, INC.

Principal Place of Business

15100 NE 150TH AVE.
FT. MCCOY FL 32134
US

Mailing Address

15100 NE 150TH AVE.
FT. MCCOY FL 32134
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/14/1984	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2490293	
2 City & State		27 City & State		Applied For Not Applicable	
3 Zip Country		28 Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
4 Zip Country		29 Zip Country		30 Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

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
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHEATON, JANE	1.2 NAME	
STREET ADDRESS	5490 NE 24TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	1.4 CITY-ST-ZIP	
TITLE	VP ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BUSTELO, DORIS	2.2 NAME	VP MARY LLSLE
STREET ADDRESS	15045 NE 148TH CT	2.3 STREET ADDRESS	AT 3 BOX 4052
CITY-ST-ZIP	FT MCCOY FL 32134	2.4 CITY-ST-ZIP	PALATKA, FL 32177
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	☐ Change ☐ Addition
NAME	WELLS, VESTA	4.2 NAME	
STREET ADDRESS	RT 1 BOX 3340	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MCCOY FL 32134	4.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LAXTON, CLAUDE	5.2 NAME	D. LESTER TEUTON
STREET ADDRESS	18100 NE 160TH AVE ROAD	5.3 STREET ADDRESS	1614 S PALM AV
CITY-ST-ZIP	FT MCCOY FL 32134	5.4 CITY-ST-ZIP	PALATKA, FL 32177
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	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-1999

236-2289
Date Daytime Phone #

CR2E037 (5/99)