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

2. Principal Place of Business 1	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/14/1984
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27	4. FEI Number 59-2490293 ☐ Applied For ☐ Not Applicable
City & State 3	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 4 / 25	Zip / Country 29 / 30	6. 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 **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		☐ Change ☐ Addition
NAME	CHEATOM, 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	VP	☐ Change ☐ Addition
NAME	BUSTELO, DORIS		2.2 NAME	MARY LISLE	
STREET ADDRESS	15045 NE 148TH CT		2.3 STREET ADDRESS	RT 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	D	☐ Change ☐ Addition
NAME	LAXTON, CLAUDE		5.2 NAME	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: Stephen L Flanagan SIGNATURE REQUIRED 7-7-1999 236-2289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)