2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N01421

1. Entity 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

07012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2490293
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 Stephen L Flanagan 7-5-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000164646
07/08/04-80017-006 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHEATOM, JANE
STREET ADDRESS	5490 NE 24TH ST
CITY-ST-ZIP	OCALA, FL 34470
TITLE	STD
NAME	FLANAGAN, STEPHEN L
STREET ADDRESS	15100 NE 150TH AVE.
CITY-ST-ZIP	FT. MCCOY, FL
TITLE	D
NAME	WELLS, VESTA
STREET ADDRESS	RT 1 BOX 3340
CITY-ST-ZIP	FT MCCOY, FL 32134
TITLE	D
NAME	TEUTON, LESTER
STREET ADDRESS	1614 S PALM AVE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	VP
NAME	LAXTON, CAROL
STREET ADDRESS	18100 NE 160TH AV RD
CITY-ST-ZIP	FORT MC COY, FL 32134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: Stephen L Flanagan 352-236-2289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #