

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90061 047 ****70.00

DOCUMENT # N01421

1. Entity 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

50059554



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

07182005 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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

Filing Fee is **\$61.25** Due by **September 7, 2005**
 9. Election Campaign Financing: \$5.00 May Be Added to Fees
 Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P	CHEATOM, JANE 5490 NE 24TH ST OCALA, FL 34470	TITLE: P	
TITLE: STD	FLANAGAN, STEPHEN L 15100 NE 150TH AVE. FT. MCCOY, FL	TITLE:	
TITLE: D	WELLS, VESTA RT 1 BOX 3340 FT MCCOY, FL 32134	TITLE:	
TITLE: D	TEUTON, LESTER 1614 S PALM AVE PALATKA, FL 32177	TITLE:	
TITLE: VP	LAXTON, CAROL 18100 NE 160TH AV RD FORT MC COY, FL 32134	TITLE:	
TITLE:		TITLE:	

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 July 31, 2005 352-236-2289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #