


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90032 033 ****70.00

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**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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



1st MOORE CR2E037 (10/05)

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHEATOM LAXTON, CAROL	
STREET ADDRESS	18100 NE 160TH AV RD	
CITY-ST-ZIP	FORT MCCOY, FL 32134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP VESTA WELLS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLS, VESTA	
STREET ADDRESS	RT 1 BOX 3340 16701 NE 148TH TERM RD	
CITY-ST-ZIP	FORT MCCOY, FL 32134	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSTELO, DONIS	
STREET ADDRESS	15043 NE 148TH CT	
CITY-ST-ZIP	FORT MCCOY, FL 32134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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