


**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 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		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 <input checked="" type="checkbox"/> \$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 <i>Stephen L Flanagan</i>		(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. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHEATOM, JANE		NAME	CHEATOM LAXTON, CAROL	
STREET ADDRESS	5490 NE 24TH ST		STREET ADDRESS	18100 NE 160TH AV RD	
CITY-ST-ZIP	OCALA FL 34470		CITY-ST-ZIP	FORT MCCOY, FL 32134	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANAGAN, STEPHEN L		NAME		
STREET ADDRESS	15100 NE 150TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	FT. MCCOY FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP VESTA WELLS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLS, VESTA		NAME	WELLS, VESTA	
STREET ADDRESS	RT 1 BOX 3340		STREET ADDRESS	RT 1 BOX 16701 NE 148TH TERM RD	
CITY-ST-ZIP	FT MCCOY FL 32134		CITY-ST-ZIP	FORT MCCOY, FL 32134	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEUTON, LESTER		NAME		
STREET ADDRESS	1614 S PALM AVE		STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAXTON, CAROL		NAME	BUSTELO, DONIS	
STREET ADDRESS	18100 NE 160TH AV RD		STREET ADDRESS	15043 NE 148TH CT	
CITY-ST-ZIP	FORT MC COY FL 32134		CITY-ST-ZIP	FORT MCCOY, FL 32134	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

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