


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90077 008 ****61.25

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 - No P.O. Box #
494 Stokes Landing Rd

3. Mailing Address
494 Stokes Landing Rd

Suite, Apt. #, etc

City & State
Palatka, FL

City & State
Palatka, FL

Zip
32177

Country
Putnam

6. Name and Address of Current Registered Agent
FLANAGAN, STEPHEN L
15100 NE 150TH AVE.
FT. MCCOY, FL 32134

40046413



03142007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2490293

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name **Mary W. Lisle**

Street Address (P.O. Box Number is Not Acceptable)
494 Stokes Landing Rd

City **Palatka** FL Zip Code **32177**

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 *Mary W. Lisle*

Signature, typed or printed name of registered agent and tick if applicable. (P.O. Box Number is Not Acceptable) (P.O. Box Number is Not Acceptable) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	P LAXTON, CAROL 18100 NE 160TH AVE RD FORT MC COY, FL 32134	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	STD FLANAGAN, STEPHEN L 15100 NE 150TH AVE. FT. MCCOY, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP WELLS, VESTA 16701 NE 148TH TERR RD FORT MC COY, FL 32134	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D TEUTON, LESTER 1614 S PALM AVE PALATKA, FL 32177	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D BUSTELO, DORIS 15043 NE 148TH CT FORT MC COY, FL 32134	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S Mary W. Lisle STD 494 Stokes Landing Rd Palatka FL 32177	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Mary W. Lisle* **Mary W. Lisle** **3/28/07** **384-937-6404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #