


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
 Suite, Apt. #, etc

3. Mailing Address
 494 Stokes Landing Rd
 Suite, Apt. #, etc

City & State
 Palatka, FL

City & State
 Palatka, FL

Zip
 32177

Country
 Putnam

Zip
 32177

Country
 Putnam

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: 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 title if applicable

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	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P LAXTON, CAROL 18100 NE 160TH AVE RD FORT MC COY, FL 32134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD FLANAGAN, STEPHEN L 15100 NE 150TH AVE. FT. MCCOY, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP WELLS, VESTA 16701 NE 148TH TERR RD FORT MC COY, FL 32134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D TEUTON, LESTER 1614 S PALM AVE PALATKA, FL 32177 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D BUSTELO, DORIS 15043 NE 148TH CT FORT MC COY, FL 32134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mary W. Lisle STD 494 Stokes Landing Rd Palatka, FL 32177

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

40046413



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4. FEI Number 59-2490293 Applied For Not Applicable

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