


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90375 019 ****61.25

DOCUMENT # N01421					
1. Entity Name EUREKA CEMETERY ASSOCIATION, INC.					
Principal Place of Business 494 STOKES LANDING RD PALATKA, FL 32177 US			Mailing Address 494 STOKES LANDING RD PALATKA, FL 32177 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04232008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2490293	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LISLE, MARY W 494 STOKES LANDING RD PALATKA, FL 32177			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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAXTON, CAROL		NAME		
STREET ADDRESS	18100 NE 160TH AVE RD		STREET ADDRESS		
CITY-ST-ZIP	FORT MC COY, FL 32134		CITY-ST-ZIP		
TITLE	D	<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	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WELLS, VESTA		NAME		
STREET ADDRESS	16701 NE 148TH TERR RD		STREET ADDRESS		
CITY-ST-ZIP	FORT MC COY, FL 32134		CITY-ST-ZIP		
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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSTELO, DORIS		NAME		
STREET ADDRESS	15043 NE 148TH CT		STREET ADDRESS		
CITY-ST-ZIP	FORT MC COY, FL 32134		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LISK, MARY W		NAME	Mary W. Lisle	
STREET ADDRESS	494 STOKES LANDING RD		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP		
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: <u>Mary W. Lisle</u>			Date: <u>4/23/08</u> Daytime Phone #: <u>386-937-6606</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		