


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # N01421</b>					
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
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>	