

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 11, 2009
Secretary of State**

DOCUMENT# N01421

Entity Name: EUREKA CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

494 STOKES LANDING RD
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

494 STOKES LANDING RD
PALATKA, FL 32177 US

New Mailing Address:

FEI Number: 59-2490293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LISLE, MARY W
494 STOKES LANDING RD
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAXTON, CAROL
Address: 18100 NE 160TH AVE RD
City-St-Zip: FORT MC COY, FL 32134

Title: D () Delete
Name: FLANAGAN, STEPHEN L
Address: 15100 NE 150TH AVE.
City-St-Zip: FT. MCCOY, FL

Title: VP () Delete
Name: WELLS, VESTA
Address: 16701 NE 148TH TERR RD
City-St-Zip: FORT MC COY, FL 32134

Title: D () Delete
Name: TEUTON, LESTER
Address: 1614 S PALM AVE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: BUSTELO, DORIS
Address: 15043 NE 148TH CT
City-St-Zip: FORT MC COY, FL 32134

Title: STD () Delete
Name: LISLE, MARY W
Address: 494 STOKES LANDING RD
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LISLE

STD

02/11/2009

Electronic Signature of Signing Officer or Director

Date