

**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  
Name:  
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