

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N10321

1. Entity Name

DYAL CEMETERY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2974 LAKE ST.
LAWTEY FL 32058
US

P.O. BOX 223
LAWTEY FL 32058
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0433020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHUFORD, VALERIA
2974 LAKE STREET
LAWTEY FL 32058

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME WAINWRIGHT, JAMES T
STREET ADDRESS RT. 1, BOX 769
CITY-STATE-ZIP LAWTEY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000725151
CITY-STATE-ZIP 05/03/07-80010-023 61.25

TITLE D ☐ Delete
NAME ANDREWS, EMILY
STREET ADDRESS RT. 4, BOX 2865
CITY-STATE-ZIP LAKE BUTLER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE PTD ☐ Delete
NAME REDDISH, VERNON
STREET ADDRESS RT 2, ROAD 100 WEST
CITY-STATE-ZIP STARKE FL 32091

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DS ☐ Delete
NAME SHUFORD, VALERIA
STREET ADDRESS P.O. BOX 223
CITY-STATE-ZIP LAWTEY FL 32058

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Valeria Shuford

4-19-07

904 982 3625