

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90240 050 \*\*\*\*61.25

**DOCUMENT # N38439**

1. Entity Name  
**THE CRAIN CEMETERY ASSOCIATION, INC.**



Principal Place of Business  
**7025 SHERMAN ST  
MILTON, FL 32570 US**

Mailing Address  
**7025 SHERMAN ST  
MILTON, FL 32570 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-3015638**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

*Hinote*  
**HIWATE, JOAN  
7025 SHERMAN ST  
MILTON, FL 32570**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

TITLE	<i>Hinote</i> <b>HIWATE, JOAN</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>7025 SHERMAN ST</b>	
STREET ADDRESS	<b>MILTON, FL 32570</b>	
CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROWN, BILLY</b>	
STREET ADDRESS	<b>RT 6 BOX 184</b>	
CITY-ST-ZIP	<b>MILTON, FL 32583</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOBBS, SARAH</b>	
STREET ADDRESS	<b>7300 JOHNSON RD.</b>	
CITY-ST-ZIP	<b>MILTON, FL 32583</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DAUGHTERY, HOWARD</b>	
STREET ADDRESS	<b>7988 MALONE RD</b>	
CITY-ST-ZIP	<b>MILTON, FL 32670</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, DEBRA</b>	
STREET ADDRESS	<b>7763 PARKER RD.</b>	
CITY-ST-ZIP	<b>MILTON, FL 32570</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HENDERSON, VASHTI</b>	
STREET ADDRESS	<b>104 OLIVER STREET</b>	
CITY-ST-ZIP	<b>MILTON, FL 32570</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Smith, Debra</b>	
STREET ADDRESS	<b>7763 Parker Rd</b>	
CITY-ST-ZIP	<b>Milton, Fla 32570</b>	
TITLE	<b>V.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Daughtery, Howard</b>	
STREET ADDRESS	<b>7988 Malone Rd</b>	
CITY-ST-ZIP	<b>Milton, Fla 32670</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joan Hinote</b>	
STREET ADDRESS	<b>7025 Sherman St</b>	
CITY-ST-ZIP	<b>Milton, Fla 32570</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

*Joan Hinote*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3-22-06 855-626-8146*