

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90185 031 ****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**

40069070



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

03202007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**HINOTE, JOAN
7025 SHERMAN ST
MILTON, FL 32570**

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, 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

TITLE P ☐ Delete
NAME SMITH, DEBRA
STREET ADDRESS 7763 PARKER RD
CITY-ST-ZIP MILTON, FL 32570

TITLE V ☐ Delete
NAME DAUGHTERY, HOWARD
STREET ADDRESS 7988 MALONE RD
CITY-ST-ZIP MILTON, FL 32570

TITLE ST ☒ Delete
NAME HINOTE, JOAN
STREET ADDRESS 7026 SHERMAN ST
CITY-ST-ZIP MILTON, FL 32570

TITLE T ☐ Delete
NAME DAUGHTERY, HOWARD
STREET ADDRESS 7988 MALONE RD
CITY-ST-ZIP MILTON, FL 32670

TITLE T ☐ Delete
NAME SMITH, DEBRA
STREET ADDRESS 7763 PARKER RD.
CITY-ST-ZIP MILTON, FL 32570

TITLE T ☐ Delete
NAME HENDERSON, VASHTI
STREET ADDRESS 104 OLIVER STREET
CITY-ST-ZIP MILTON, FL 32570

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☒ Addition
NAME **ST Hubbard, Faye**
STREET ADDRESS **4559 Teston Dr**
CITY-ST-ZIP **Milton, FL 32583**

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

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

TITLE ☐ Change ☐ 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

Faye Hubbard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-07

Date

(850) 572-2131

Daytime Phone #