


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000000088 1. Entity Name SEVILLE CEMETERY ASSOCIATION, INC.	
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Principal Place of Business CEMETERY RD & CHURCH ST SEVILLE, FL 32190	Mailing Address P O BOX 473 SEVILLE, FL 32190
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DO NOT WRITE IN THIS SPACE



07242006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1835942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PURVIS, JAMES E 600 PURVIS RD SEVILLE, FL 32190 	DO NOT WRITE IN THIS SPACE
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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 September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLIN, JUNIUS T 2067 LAKE JUANITA ROAD (P.O. BOX 37) SEVILLE, FL 32190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CADE, JOHN P 2145 MCBRIDE ROAD (P.O. BOX 218) SEVILLE, FL 32190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGISTER, JAMES W JR 195 REGISTER LANE (P.O. BOX 397) SEVILLE, FL 32190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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07/29/06-80005-013 61.25

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #