

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90478 002 ****61.25

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1. Entity Name

J. S. STONE CEMETERY ASSOCIATION, INC.



Principal Place of Business

**475 PORT MALABAR BLVD, NE
PALM BAY, FL 32905-3711**

Mailing Address

**475 PORT MALABAR BLVD, NE
PALM BAY, FL 32905-3711**

00043000



04262007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3305227

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUCAS, SHARON E
475 PORT MALABAR BLVD, NE
PALM BAY, FL 32905-3711**

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	LUCAS, SHARON E
STREET ADDRESS	475 PT. MALABAR BVD NE
CITY-ST-ZIP	PALM BAY, FL 329053711
TITLE	PD
NAME	LUCAS, EUGENE JR.
STREET ADDRESS	475 PT. MALABAR BLVD NE
CITY-ST-ZIP	PALM BAY, FL 329053711
TITLE	VMT
NAME	SPIVEY, WILLIS L
STREET ADDRESS	5100 THURINGER NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	A
NAME	STONE, JANORISE
STREET ADDRESS	632 VARR AVE
CITY-ST-ZIP	COCOA, FL 32922
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 817, 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: Sharon E. Lucas - Sharon E. Lucas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 (321) 723-4551

Date

Daytime Phone