

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

Mailed ~~Apr 30~~ **Apr 30, 2008 08:00 AM**  
Div. of Corporations Secretary of State  
P.O. Box ~~8800~~ **6198**  
Tallahassee, FL 32314

**DOCUMENT # N99000001632**

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

**DO NOT WRITE IN THIS SPACE**



04232008 No Chg-NP

CR2E037 (4/06)

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 re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008.**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000937789

05/27/08 00063-816 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST LUCAS, SHARON E  
475 PT. MALABAR BVD NE  
PALM BAY, FL 329053711

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD LUCAS, EUGENE JR.  
475 PT. MALABAR BLVD NE  
PALM BAY, FL 329053711

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VMT SPIVEY, WILLIS L  
5100 THURINGER NW  
PALM BAY, FL 32907

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
A STONE, JANORISE  
632 VARR AVE  
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 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:** Sharon E. Lucas - Sharon E. Lucas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08 (321) 543-7404

Day

Daytime Phone #

Cell