

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90009 050 ****61.25

DOCUMENT # N99000004536

1. Entity Name
ESPANOLA CEMETERY ASSOCIATION, INC.



Principal Place of Business
**CR 205
BUNNELL, FL 32110**

Mailing Address
**C/O CARY D. HOLLAND
52 N. ST. ANDREWS DR.
ORMOND BEACH, FL 32174-3839**

40060177



02122008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLLAND, CARY D
52 N. ST. ANDREWS DR.
ORMOND BEACH, FL 32174-3839**

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, 2008**

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 **SD** ☐ Delete
NAME **MERCER, RAY**
STREET ADDRESS **410 N. ANDERSON ST.**
CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE **TD** ☐ Delete
NAME **HOLLAND, CARY D**
STREET ADDRESS **52 N. ST. ANDREWS DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **PD** ☐ Delete
NAME **PONTIUS, LILA**
STREET ADDRESS **720 CR 304**
CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE **D** ☐ Delete
NAME **DEEN, CLAUDE SISCO JR.**
STREET ADDRESS **1347 N OCEANSIDE BLVD**
CITY-ST-ZIP **FLAGLER BEACH, FL 321360637**

TITLE **D** ☐ Delete
NAME **HOLLAND, KENT H**
STREET ADDRESS **1078 GEORGE ANDERSON ST**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D** ☐ Delete
NAME **EMERY, HOWARD**
STREET ADDRESS **3831 OLD DIXIE HWY**
CITY-ST-ZIP **BUNNELL, FL 32110**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☒ 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

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:

Cary D. Holland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Feb 2008
Date

3866731119
Daytime Phone #