

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011342

**Entity Name:** ANTIOCH CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

SE 189TH AVE.  
ISLAND GROVE, FL 32654

**Current Mailing Address:**

P. O. BOX 132  
ISLAND GROVE, FL 32654

**FEI Number: 20-2191013**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HOLDEN, CHARLES I  
2772 NW 43RD ST., SUITE 5  
GAINESVILLE, FL 32606-7433 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name ALLIGOOD, RALEIGH K  
Address PO 1866  
City-State-Zip: HAWTHORNE FL 32640

Title V  
Name MURPHY, THOMAS D  
Address 21923 SE 162ND AVE  
City-State-Zip: HAWTHORNE FL 32640

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RALEIGH ALLIGOOD**

**TREASURER**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date