## **2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38439

Entity Name: THE CRAIN CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:** 

6488 SANDERS ST. MILTON. FL 32570

**Current Mailing Address:** 

6488 SANDERS ST. MILTON, FL 32570 US

FEI Number: 59-3015638 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, STEVEN M 6488 SANDERS ST. MILTON, FL 32570 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: STEVEN M. WILLIAMS 03/15/2019

Electronic Signature of Registered Agent

Date

FILED Mar 15, 2019

**Secretary of State** 

0871712543CC

Officer/Director Detail:

Title PRESIDENT Title VF

NameDAVIS, DEBORAH G.NameWILLIAMS, STEVEN M.Address6318 RIVERWOOD RD.Address6488 SANDERS ST.City-State-Zip:MILTON FL 32570City-State-Zip:MILTON FL 32570

Title SECRETARY, TREASURER Title TRUSTEE

NameDAVIS, TONYA D.NameADAMS, DONNAAddress4753 BLUE RIBBON DR.Address4850 ALEX REED TL.City-State-Zip:MILTON FL 32583City-State-Zip:PACE FL 32571

Title TRUSTEE Title TRUSTEE

Name ANDREWS, TERESA Name DAUGHTERY, HOWARD

Address 5084 E. SPENCERFIELD RD Address 7988 MALONE RD.

City-State-Zip: PACE FL 32571 City-State-Zip: MILTON FL 32570

TitleTRUSTEETitleTRUSTEENameHOLLAND, KACEYNameMORRIS, PAMAddress2746 NEW YORK ST.Address8369 EDITH AVE.City-State-Zip:JAY FL 32565City-State-Zip: MILTON FL 32570

Continues on page 2

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: STEVEN M. WILLIAMS VICE PRESIDENT 03/15/2019

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title TRUSTEE

Name PERRY, STACY Address 7942 BENEVA RD.

City-State-Zip: MILTON FL 32583