

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38439

Entity Name: THE CRAIN CEMETERY ASSOCIATION, INC.**Current Principal Place of Business:**7763 PARKER RD
MILTON, FL 32570**Current Mailing Address:**7763 PARKER RD
MILTON, FL 32570 US**FEI Number:** 59-3015638**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, DEBRA J
7763 PARKER RD
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	SMITH, DEBRA J
Address	7763 PARKER RD
City-State-Zip:	MILTON FL 32570

Title	VP
Name	DAUGHTERY, HOWARD
Address	7988 MALONE RD
City-State-Zip:	MILTON FL 32570

Title	SEC
Name	DUNLAP, DIANNE
Address	6821 EASTGATE RD
City-State-Zip:	MILTON FL 32570

Title	TREA
Name	CORNELISON, EMMA JEAN
Address	6841 MUNSON HWY
City-State-Zip:	MILTON FL 32570

Title	TRUS
Name	SUTTON, CHAD
Address	6821 EASTGATE RD
City-State-Zip:	MILTON FL 32570

Title	TRUS
Name	MYERS, LEE
Address	4253 SABLON DR
City-State-Zip:	MILTON FL 32583

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: DEBRA J. SMITH**PRESIDENT****03/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date