

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38439

Entity Name: THE CRAIN CEMETERY ASSOCIATION, INC.**Current Principal Place of Business:**4753 BLUERIBBON DR.
MILTON, FL 32583**Current Mailing Address:**4753 BLURIBBON DR.
MILTON, FL 32583 US**FEI Number:** 59-3015638**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, TONYA D
4753 BLURIBBON DR.
MILTON, FL 32583 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:** TONYA DAVIS

02/10/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DAVIS, DEBORAH G.
Address 6318 RIVERWOOD RD.
City-State-Zip: MILTON FL 32570

Title SECRETARY, TREASURER
Name DAVIS, TONYA D.
Address 4753 BLUE RIBBON DR.
City-State-Zip: MILTON FL 32583

Title TRUSTEE
Name ADAMS, DONNA
Address 4850 ALEX REED TL.
City-State-Zip: PACE FL 32571

Title TRUSTEE
Name ANDREWS, TERESA
Address 5084 E. SPENCERFIELD RD
City-State-Zip: PACE FL 32571

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

Title TRUSTEE
Name HOLLAND, KACEY
Address 2746 NEW YORK ST.
City-State-Zip: JAY FL 32565

Title TRUSTEE
Name MORRIS, PAM
Address 8369 EDITH AVE.
City-State-Zip: MILTON FL 32570

Title TRUSTEE
Name PERRY, STACY
Address 7942 BENEVA RD.
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: TONYA DAVIS**SECRETARY**

02/10/2020

Electronic Signature of Signing Officer/Director Detail

Date