

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000088

Entity Name: SEVILLE CEMETERY ASSOCIATION, INC.**Current Principal Place of Business:**CEMETERY RD & CHURCH ST
SEVILLE, FL 32190**Current Mailing Address:**P O BOX 397
SEVILLE, FL 32190**FEI Number:** 59-1835942**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTER, JAMES WD
195 REGISTER LANE
BOX 397
SEVILLE, FL 32190 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	STD
Name	EVERETT, LOUISE
Address	160 LITTLE BROWN CHURCH RD, P.O.BOX 98
City-State-Zip:	SEVILLE FL 32190
Title	D
Name	REGISTER, JAMES WJR
Address	195 REGISTER LANE (P.O. BOX 397)
City-State-Zip:	SEVILLE FL 32190
Title	TRUSTEE
Name	CREEL, LAURA TAGUE
Address	PO BOX 106
City-State-Zip:	SEVILLE FL 32190

Title	CD
Name	CADE, JOHN P
Address	2145 MCBRIDE ROAD (P.O. BOX 218)
City-State-Zip:	SEVILLE FL 32190
Title	D
Name	BRADDOCK, NORMA
Address	446 COUNTRY ROAD 305
City-State-Zip:	SEVILLE FL 32190

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: JAMES W REGISTER

SENIOR TRUSTEE

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date