

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000002715

Entity Name: NICHOLS-JAMES FAMILY REUNION, INC.

FILED
Feb 18, 2017
Secretary of State
CC0060994761

Current Principal Place of Business:

2419 N.E. 8TH AVENUE
GAINESVILLE, FL 32641

Current Mailing Address:

2419 N.E. 8TH AVENUE
GAINESVILLE, FL 32641

FEI Number: 81-1826634

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILES HAMILTON, JUANITA
2419 N.E. 8TH AVENUE
GAINESVILLE, FL 32641 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 P
Name WILKERSON, RUSSELL K.
Address 2400 N.E. 37TH STREET
City-State-Zip: Ocala FL 34479

Title VP
Name MATTHEWS, ELSIE NICHOLS
Address 46 PICKERLING DRIVE
City-State-Zip: PALM COAST FL 32164

Title SECRETARY
Name NICHOLS BURTON, ALICE
Address 732 S.E. 36TH AVENUE
City-State-Zip: Ocala FL 34471

Title TREASURER
Name MILES HAMILTON, JUANITA L
Address 2419 N.E. 8TH AVENUE
City-State-Zip: GAINESVILLE FL 32641

Title D
Name EDWARDS, GALE
Address 2522 QUAIL RUN BLVD N
City-State-Zip: KISSIMMEE FL 34744

Title D
Name NICHOLS HARTLEY, VIRGINIA
Address 1960 WESTBOURNE DRIVE
City-State-Zip: OVIEDO FL 32765

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: JUANITA MILES HAMILTON

TREASURER

02/18/2017

Electronic Signature of Signing Officer/Director Detail

Date