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749314

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 749314 1. Entity Name NICHOLS CEMETERY ASSOCIATION, INC.	
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Principal Place of Business 708 N. MAIN ST. WILDWOOD, FL 34785 US	Mailing Address P.O. BOX 420 WILDWOOD, FL 34785
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DO NOT WRITE IN THIS SPACE

03012005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, GWEN N 708 N. MAIN ST. WILDWOOD, FL 34785	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORT CLAYTON, IRIS HEINZINGER EARLENE 545 E ORANGE ST 16685 42 HWY SE LAKELAND, FL 33801 WEIRSDALE FL 32195
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVINGER, ROY 21457 NE 164 ST. SALT SPRINGS, FL 321347003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOVINGER, CLIFTON 3205 N.E. HWY 329 ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONIGLIO, ANNETTE N P.O. BOX 1119 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORT CAMPBELL, FLORETTA 24320 NE 151 PLACE SALT SPRINGS, FL 32134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, ANDREW 2861 MISTY TR FANCY GAP, VA 24328

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, or all other like empowered.

SIGNATURE Annette N. Coniglio 3-9-05 352-748-3408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Annette N. Coniglio-Tr.

3/24/05