

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90058 028 ****61.25

DOCUMENT # 749314

1. Entity Name
NICHOLS CEMETERY ASSOCIATION, INC.



Principal Place of Business
708 N. MAIN ST.
WILDWOOD, FL 34785 US

Mailing Address
P.O. BOX 420
WILDWOOD, FL 34785

40103797



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
P O Box 458

Suite, Apt. #, etc.

City & State
Oxford FL

Zip
34484

Country
USA

04302007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

SMITH, GWEN N
708 N. MAIN ST.
WILDWOOD, FL 34785

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City
FL

Zip Code

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 _____

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

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEINTZINGER, EARLENE		NAME	HARRISON, TERRI	
STREET ADDRESS	16685 42ND SHWY SE		STREET ADDRESS	10735 N.W. 14TH ST	
CITY-ST-ZIP	WEIRSDALE, FL 32195		CITY-ST-ZIP	OCALA, FL 34482	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOVINGER, ROY		NAME	NICHOLS, KATHY	
STREET ADDRESS	21457 NE 164 ST.		STREET ADDRESS	11901 N CR 475	
CITY-ST-ZIP	SALT SPRINGS, FL 321347003		CITY-ST-ZIP	OXFORD, FL 34484	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVINGER, CLIFTON		NAME	NOVINGER, CLIFTON	
STREET ADDRESS	3205 N.E. HWY 329		STREET ADDRESS	3205 N.E. HWY 329	
CITY-ST-ZIP	ANTHONY, FL 32617		CITY-ST-ZIP	ANTHONY, FL 32617	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBKIRK, YVETTE N		NAME		
STREET ADDRESS	9580 NORTH HWY 301		STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORT CAMPBELL, FLORETTA		NAME		
STREET ADDRESS	24320 NE 151 PLACE		STREET ADDRESS		
CITY-ST-ZIP	SALT SPRINGS, FL 32134		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, ANDREW		NAME		
STREET ADDRESS	2861 MISTY TR		STREET ADDRESS		
CITY-ST-ZIP	FANCY GAP, VA 24328		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, with all other like empowered.

SIGNATURE: Yvette N. Hobkirk, Treasurer 4/30/07

Signature and typed or printed name of signing officer or director Date Daytime Phone #