

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749314

FILED
Apr 26, 2009
Secretary of State

Entity Name: NICHOLS CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

708 N. MAIN ST.
WILDWOOD, FL 34785 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 458
OXFORD, FL 34484

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEINTZINGER, EARLENE
Address: 16685 42ND SHWY SE
City-St-Zip: WEIRSDALE, FL 32195

Title: D () Delete
Name: NOVINGER, ROY
Address: 21457 NE 164 ST.
City-St-Zip: SALT SPRINGS, FL 321347003

Title: D () Delete
Name: NOVINGER, CLIFTON
Address: 3205 N.E. HWY 329
City-St-Zip: ANTHONY, FL 32617

Title: TD () Delete
Name: HOBKIRK, YVETTE N
Address: 9580 NORTH HWY 301
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: FORT CAMPBELL, FLORETTA
Address: 24320 NE 151 PLACE
City-St-Zip: SALT SPRINGS, FL 32134

Title: D () Delete
Name: NICHOLS, ANDREW
Address: 2861 MISTY TR
City-St-Zip: FANCY GAP, VA 24328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NOVINGER, SHARON
Address: 3205 NE CR 329
City-St-Zip: ANTHONY, FL 32617

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NOVINGER, CLIFTON
Address: 3205 NE CR 329
City-St-Zip: ANTHONY, FL 32617

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: YVETTE N. HOBKIRK

D

04/26/2009

Electronic Signature of Signing Officer or Director

Date