

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749314

FILED
Apr 25, 2010
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: 59-3376863

FEI Number Applied For ()

FEI Number Not Applicable ()

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
Name: NOVINGER, SHARON
Address: 3205 NE CR 329
City-St-Zip: ANTHONY, FL 32617

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

Title: D
Name: NOVINGER, CLIFTON
Address: 3205 NE CR 329
City-St-Zip: ANTHONY, FL 32617

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

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

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

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: YVETTE N HOBKIRK

TD

04/25/2010

Electronic Signature of Signing Officer or Director

Date