

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005115

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** THE NICKERSON FAMILY REUNION, INC.

**Current Principal Place of Business:**

14201 POLK STREET  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

14201 POLK STREET  
MIAMI, FL 33176 US

**New Mailing Address:**

**FEI Number:** 41-2240655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NICKERSON, BARBARA L  
10201 POLK STREET  
MIAMI, FL 33176 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:** DP  
**Name:** HAMILTON, FRANKLIN  
**Address:** 4134 GAMBLE RD  
**City-St-Zip:** LLYOD, FL 3237

**Title:** DVP  
**Name:** HALL, CLARENCE  
**Address:** 37740 SUMMER AVE  
**City-St-Zip:** DADE CITY, FL 33523

**Title:** DS  
**Name:** BOWMAN, OPAL  
**Address:** 37740 SUMMER AVE  
**City-St-Zip:** DADE CITY, FL 33523

**Title:** DT  
**Name:** BARBARA, NICKERSON L  
**Address:** 14201 POLK STREET  
**City-St-Zip:** MIAMI, FL 33176

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:** BARBARA L. NICKERSON

DT

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date