

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N13873**

**1. Entity Name**  
**FLEMINGTON CEMETERY ASSOCIATION, INC.**



**Principal Place of Business**  
11931 NW 193RD ST.  
MICANOPY, FL 32667-9509

**Mailing Address**  
11931 NW 193RD ST.  
MICANOPY, FL 32667-9509



01272004 No Chg-NP CR2E037 (10/03)

**4. FEI Number**  
59-2151194

**Applied For**  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HODGE, BARBARA C  
11931 NW 193RD ST  
MICANOPY, FL 32667

**DO NOT WRITE  
IN THIS SPACE**

**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 re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

U000000088631  
03/15/04-80058-019 6L 25

**10. OFFICERS AND DIRECTORS**

**TITLE** D  
**NAME** MIXSON, JOHN W.  
**STREET ADDRESS** RT. 1 BOX 5090  
**CITY, ST, ZIP** WILLISTON, FL

**TITLE** D  
**NAME** NOVINGER, CARL  
**STREET ADDRESS** RT. 1 BOX 38  
**CITY, ST, ZIP** REDDICK, FL

**TITLE** P  
**NAME** HODGE, JAMES R.  
**STREET ADDRESS** 11931 NW 193RD ST.  
**CITY, ST, ZIP** MICANOPY, FL

**TITLE** D  
**NAME** PONS, TROY A.  
**STREET ADDRESS** 11931 NW 193RD ST.  
**CITY, ST, ZIP** MICANOPY, FL

**TITLE** M  
**NAME** HODGE, BARBARA C  
**STREET ADDRESS** 11931 NW 193RD ST.  
**CITY, ST, ZIP** MICANOPY, FL 32667

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY, ST, ZIP**

**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)(f), 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** Barbara C. Hodge **BARBARA C. Hodge** **1-28-2004** **352-377-3473**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #