

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2006 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



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-2151194

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 reappointing)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

000000415839  
02/11/06-80097-018 61 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

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IN THIS SPACE

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

*Barbara C. Hodge*  
Manager  
BARBARA C. Hodge

1-30-06 352-591-1338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #