

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N36671 (8)

1. Corporation Name

ST. NICHOLAS CEMETARY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3811 BEACH BLVD  
JACKSONVILLE FL 32207-6560  
US

1811 BREWSTER RD  
JACKSONVILLE FL 32207-6560

3. Date Incorporated or Qualified

02/13/1990

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-2966565

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

DUNN, HENRY REV., SR.  
1827 WELFORD RD.  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME DUNN, HENRY  
STREET ADDRESS 1827 WELFORD RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE

NAME SIMPO, ARCHIE  
STREET ADDRESS 4007 JULIEN AVE.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ DELETE

NAME DAVIS, MATTIE  
STREET ADDRESS 1811 BREWSTER RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ DELETE

NAME DUNN, EVERLINA  
STREET ADDRESS 1827 WELFORD RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE T ☐ DELETE

NAME PAYTON, THELMA  
STREET ADDRESS 2173 THOMAS CT  
CITY-ST-ZIP JACKSONVILLE FL

TITLE DT ☐ DELETE

NAME MURRAY, HERBERT  
STREET ADDRESS 1803 BREWSTER RD.  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MATTIE M. DAVIS - Mattie M. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone:

2/19/96 (904) 378-000

CS 2-28-96

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