


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N36671**  
 1. Entity Name  
**ST. NICHOLAS CEMETARY ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**3811 BEACH BLVD**      **P.O. BOX 48312**  
**JACKSONVILLE FL 32207-6560**      **JACKSONVILLE FL 32247-8312**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For  
**59-2966565**      Not Applicable

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

6. Name and Address of Current Registered Agent

**ROUNTREE, SPANN**  
**1825 WELFORD ROAD**  
**JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROUNTREE, SPANN	
STREET ADDRESS	1825 WELFORD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input type="checkbox"/> Delete
NAME	LYNN BENTLEY	
STREET ADDRESS	1730 CALLAHAN ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROUNTREE, MATTIE	
STREET ADDRESS	1825 WELFORD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUNN, EVERLINA	
STREET ADDRESS	1827 WELFORD RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	T	<input type="checkbox"/> Delete
NAME	FISHER, CONSTANCE	
STREET ADDRESS	1759 ART MUSEUM DR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MURAELL, MILDRED	
STREET ADDRESS	3659 FREEMAN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	U00000444625	
STREET ADDRESS	03/07/06-80010-004	
CITY-ST-ZIP	61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.