2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State
03-19-2008 90029 049 ****61.25

DOCUMENT # N36671

1. Entity Name

ST. NICHOLAS CEMETARY ASSOCIATION, INC.

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

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2966565 ☐ Applied For ☐ 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 MATTIE DAVIS, P

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

1811 BREWSTER Road

City JACKSONVILLE, FL Zip Code 32207

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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROUNTREE, SPANN 1825 WELFORD JACKSONVILLE FL 32207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MATTIE DAVIS 1811 BREWSTER ROAD JACKSONVILLE, FLA. 32207 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LYNN BENTLEY 1730 CALLAHAN ST JACKSONVILLE FL 32207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARION Alston 3967 CARMICHAEL AVE. JACKSONVILLE, FLA. 32207 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROUNTREE, MATTIE 1825 WELFORD RD JACKSONVILLE FL 32207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JURNICE GATSON 3465 Phillip Highway - APT. 911 JACKSONVILLE, FLA 32207 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DUNN, EVERLINA 1827 WELFORD RD. JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FISHER, CONSTANCE 1759 ART MUSEUM DR JACKSONVILLE FL 32207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Claudette Christopher 1873 Welford Road JACKSONVILLE, FLORIDA 32207 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MURAELL, MILDRED 3659 FREEMAN ROAD JACKSONVILLE FL 32207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GLORIA ANDERSON 3929 ORLANDO TERRICE JACKSONVILLE, FLA. 32207 ☐ Change ☐ Addition

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.

SIGNATURE: Mattie M. Davis Mattie M. Davis 03/05/08
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR