

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36671

FILED
Feb 06, 2009
Secretary of State

Entity Name: ST. NICHOLAS CEMETARY ASSOCIATION, INC.

Current Principal Place of Business:

3811 BEACH BLVD
JACKSONVILLE, FL 322076560 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 48312
JACKSONVILLE, FL 322478312 US

New Mailing Address:

FEI Number: 59-2966565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, MATTIE P
1811 BREWSTER RD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, MATTIE
Address: 1811 BREWSTER RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: V () Delete
Name: ALSTON, MARION
Address: 3967 CARMICHAEL AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: GATSON, JURNICE
Address: 3465 PHILLIP HWY APT 911
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: DUNN, EVERLINA,
Address: 1827 WELFORD RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: CHRISTOPHER, CLAUDETTE
Address: 1873 WELFORD RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: DT () Delete
Name: ANDERSON, GLORIA
Address: 3922 ORLANDO TERR
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTIE P DAVIS

PRES

02/06/2009

Electronic Signature of Signing Officer or Director

Date