

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000005103**

1. Entity Name  
**NICHOLSON - FREEMAN CEMETERY ASSOCIATION,  
INC.**



Principal Place of Business

**SR 12  
HAVANA, FL 32333**

Mailing Address

**PO BOX 924  
HAVANA, FL 32333**



01042005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3595141**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BATES, LOUISE A  
908 CIRCLE DR  
HAVANA, FL 32333**

**DO NOT WRITE  
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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CROLEY, DOUGLAS M 2953 ROYAL OAKS DR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BATES, LOUISE A PO BOX 924 HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALLIS, CAROLINE P 3633 MT PLEASANT RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERT, NICK 409 LIVE OAK LANE W HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADAMS, HOWARD E 410 LOCKSLEY LN TALLAHASSEE, FL 323121903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000174442  
01/10/05-80010-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

*Louise A. Bates*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LOUISE A. BATES**

**1-5-2005 850 539 6509**

Date

Daytime Phone #