

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**

FILED
Jan 08, 2008 08:00 AM
Secretary of State



01042008 No Chg-NP CR2E037 (4/06)

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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, 2008

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
PINSON, DAVID C
503 BELLAMY DRIVE
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

U00000775643
01/08/08-80037-021 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* **Louise A. BATES** **1-4-08** **850-537-6509**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #