2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N99000005103

Entity Name: NICHOLSON - FREEMAN CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

SR 12
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

PO BOX 924
HAVANA, FL 32333

New Mailing Address:

FEI Number: 59-3595141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATES, LOUISE A
908 CIRCLE DR
HAVANA, FL 32333 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: DP ( ) Delete
Name: CROLEY, DOUGLAS M
Address: 2953 ROYAL OAKS DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete
Name: BATES, LOUISE A
Address: PO BOX 924
City-St-Zip: HAVANA, FL 32333

Title: D ( ) Delete
Name: PINSON, DAVID C
Address: 503 BELLAMY DRIVE
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete
Name: BERT, NICK
Address: 409 LIVE OAK LANE W
City-St-Zip: HAVANA, FL 32333

Title: VPD ( ) Delete
Name: ADAMS, HOWARD E
Address: 410 LOCKSLEY LN
City-St-Zip: TALLAHASSEE, FL 323121903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CROLEY, DOUGLAS M
Address: 255 LONGVIEW DRIVE
City-St-Zip: HAVANA, FL 32303

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
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: LOUISE A. BATES S 01/05/2009

Electronic Signature of Signing Officer or Director — Date