

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749314

Entity Name: NICHOLS CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

1790 CR 246
OXFORD, FL 34484

Current Mailing Address:

P.O. BOX 458
OXFORD, FL 34484 US

FEI Number: 59-3376863

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOBKIRK, YVETTE N
952 CR 482D
LAKE PANASOFFKEE, FL 33538 US

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: YVETTE N. HOBKIRK

03/31/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MARTIN, HAROLD
Address P O BOX 227
City-State-Zip: OXFORD FL 34484

Title TD
Name HOBKIRK, YVETTE N
Address 952 CR 482D
City-State-Zip: LAKE PANASOFFKEE FL 33538

Title D
Name FORT CAMPBELL, FLORETTA
Address 11430 SW 85TH CT
City-State-Zip: OCALA FL 34481

Title DIRECTOR
Name CONIGLIO, ANNETTE N
Address P O BOX 1119
City-State-Zip: WILDWOOD FL 34785

Title VP, DIRECTOR
Name HOBKIRK, K CHASE
Address 952 CR 482D
City-State-Zip: LAKE PANASOFFKEE FL 33538

Title SECRETARY
Name DRISKELL, COURTNEY MARTIN
Address 15922 NOTTINGHILL DRIVE
City-State-Zip: LUTZ FL 33548

Title DIRECTOR
Name MARTIN, DANNY
Address 3000 JORDAN ROAD
City-State-Zip: MONTICELLO GA 31064

Title DIRECTOR
Name FORT, BLAINE
Address 12824 CR 227
City-State-Zip: OXFORD FL 34484

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I hereby 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 all other like empowered.

SIGNATURE: YVETTE N HOBKIRK

TREASURER

03/31/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GILLIGAN, ALICIA
Address 4817 SW 1ST AVENUE
City-State-Zip: OCALA FL 34471