

**2023 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

04/27/2023

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 NICHOLS, RICHARD  
Address 11901 N CR 475  
City-State-Zip: OXFORD FL 34484

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/DIRECTOR

04/27/2023

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