2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2007 8:00 am **DOCUMENT # 745204** Secretary of State 1. Entity Name 02-27-2007 90012 042 ****61.25 INDIAN HILL CEMETERY ASSOCIATION, INC. Principal Place of Business Mailing Address HIGHWAY 476, WEST HIGHWAY 476 WEST 7177 C-575 CR 476 BUSHNELL FL 33513 BUSHNELL FL 33513 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State City & Stato 4. FEI Number Applied For 59-1938113 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAYES, JOY Street Address (P.O. Box Number is Not Acceptable) 5253 CR 317 **BUSHNELL FL 33513** City Zip Code 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 (NOTE: Registered Agent signature required who i reinstaling) Signature, typed or printed name of registered agent and fille J applicable DATE 1-FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 me D Delete Imi □ Change X Addition NAM HAYES, JOY NAMI CLAY KNIGHT STREET ADDRESS STREET ADDRESS 5253 CR 317 7728 W C 476 CITY ST ZIP **BUSHNELL FL 33513** CHY SL 74P Bushnell, FL 33513 ☐ Delete 1000 ☐ Change Addition VANN. DUANE NAMI STREET ADDRESS 3388 APPALACHIAN DR. STREET ADDRESS CHY ST 742 CHY-ST ZIP **BROOKSVILLE FL 34602** 11/11 ☐ Delete ☐ Change ☐ Addition NAME HEMMER, ELVA R NAMI. Sibilition for SS ວດທີ່ ກຸ Αύδη ເວລ 7177 CR 575 CITY ST ZIP CHY ST 782 **BUSHNELL FL 33513** HILLE ☐ Delete 1001 ☐ Change Addition NAME NAME HAYES, LATSON STREET ADDRESS STREEFADDHESS CR 625 CHY ST 7P CHY ST ZIP **BUSHNELL FL 33513** HILLE 1171 ☐ Change ■ Addition NAME KNECHT, LOU STRIFT ADDRESS 6849 CR 665 STREET ADDRESS CITY ST-ZIP **BUSHNELL FL 33513** CHY ST ZIP Hitt HILL ☐ Delete □ Change ■ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-7P

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.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information

SIGNATURE: _

IATURE AND TYPED OF PRINTED NAME OF SCHING OFFICER OR DIRECTOR

2-19-07

FILED

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