

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90259 004 \*\*\*\*61.25

DOCUMENT # 745204

1. Corporation Name

INDIAN HILL CEMETERY ASSOCIATION, INC.

Principal Place of Business

HIGHWAY 476. WEST  
CR 476  
BUSHNELL FL 33513  
US

Mailing Address

HIGHWAY 476 WEST  
7177 C-575  
BUSHNELL FL 33513  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/12/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1938113

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAWSON, THELMA ANN  
675 PONCE DE LEON BLVD.  
~~P.O. BOX 296~~  
BROOKSVILLE FL 34601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Thelma Ann Dawson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWKINS, ANITA	
STREET ADDRESS	HWY 48	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNT, BILL	
STREET ADDRESS	HWY. 476	
CITY-ST-ZIP	BUSHNELL, FL 00000	
TITLE	C	<input type="checkbox"/> DELETE
NAME	DAWSON, THELMA	
STREET ADDRESS	NORTH HWY 98	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POPPY, JOHN	
STREET ADDRESS	C.R. 476	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYES, LATSON	
STREET ADDRESS	C.R. 626	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNECHT, LOU	
STREET ADDRESS	C.R. 575	
CITY-ST-ZIP	BUSHNELL FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)