

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90037 015 ****61.25

DOCUMENT # 734342

1. Entity Name
HILLS OF REST CEMETERY, INC.



Principal Place of Business
**8858 E JEFFERSON STREET
FLORAL CITY, FL 32636**

Mailing Address
**8858 E JEFFERSON STREET
FLORAL CITY, FL 32636**

40001320



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1908080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHIPP, WALTON L
8858 E JEFFERSON STREET
FLORAL CITY, FL 34436**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, CHAS. E. 3075 S. FLORIDA AVE. INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALL, WANDA 7122 S FLA AVE FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD TATLOCK, LUCILLE 9475 S I STACHATTA RD FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINBOTHAM, VIVIAN 8858 EAST JEFFERSON FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SHIPP, WALTER 8858 E. JEFFERSON ST FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Walter J. Shipp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-08 9528601611
Date Daytime Phone #