

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734342

FILED
Jan 11, 2009
Secretary of State

Entity Name: HILLS OF REST CEMETERY, INC.

Current Principal Place of Business:

8858 E JEFFERSON STREET
FLORAL CITY, FL 32636

New Principal Place of Business:

Current Mailing Address:

8858 E JEFFERSON STREET
FLORAL CITY, FL 32636

New Mailing Address:

FEI Number: 59-1908080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SHIPP, WALTER L
8858 E JEFFERSON STREET
FLORAL CITY, FL 34436 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: WALTER L. SHIPP

01/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, CHAS. E.,
Address: 3075 S. FLORIDA AVE.
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: MCCALL, WANDA
Address: 7122 S FLA AVE
City-St-Zip: FLORAL CITY, FL 34436

Title: MD () Delete
Name: TATLOCK, LUCILLE
Address: 9475 S I STACHATTA RD
City-St-Zip: FLORAL CITY, FL 34436

Title: D () Delete
Name: HIGGINBOTHAM, VIVIAN
Address: 8858 EAST JEFFERSON
City-St-Zip: FLORAL CITY, FL 34436

Title: T () Delete
Name: SHIPP, WALTER
Address: 8858 E JEFFERSON ST
City-St-Zip: FLORAL CITY, FL 34436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WALTER L. SHIPP

T

01/11/2009

Electronic Signature of Signing Officer or Director

Date