

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745204

FILED
Apr 09, 2009
Secretary of State

Entity Name: INDIAN HILL CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

HIGHWAY 476, WEST
CR 476
BUSHNELL, FL 33513 US

New Principal Place of Business:

Current Mailing Address:

HIGHWAY 476 WEST
7177 C-575
BUSHNELL, FL 33513 US

New Mailing Address:

FEI Number: 59-1938113 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HAYES, JOY
5253 CR 317
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAYES, JOY
Address: 5253 CR 317
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: VANN, DUANE
Address: 3388 APPALACHIAN DR.
City-St-Zip: BROOKSVILLE, FL 34602

Title: T () Delete
Name: HEMMER, ELVA R
Address: 7177 CR 575
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: HAYES, LATSON
Address: CR 625
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: KNIGHT, CLAY
Address: 7728 W C 476
City-St-Zip: BUSHNELL, FL 33513

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: JOY HAYES

D

04/09/2009

Electronic Signature of Signing Officer or Director

Date