2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED **DOCUMENT # 748110** Feb 01, 2006 08:00 AN 1. Entity Name **Secretary of State** HILLIARD COMMUNITY CEMETERY ASSOCIATION, INC. Principal Place of Business Mailing Address % VERNITA EDWARDS % VERNITA EDWARDS 918 SOUTH 7TH ST. 918 SOUTH 7TH ST. FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 3. Mailing Address 2. Principal Place of Business Suite, Apr #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE Applied For City & State City & State 4. FEt Number NO-T APPLICABLE Not Applicable Country \$8.75 Additional Ζιρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DONLEY, JOHNNIE LEE Street Address (P.O. Box Number is Not Acceptable) 1059 RAILROAD STREET HILLIARD FL 32046 Zip Code City 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 Signature, type d or printed name of registered agent and title if applicable (NOT). Registered Agent signature required when reinstating FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. SD ☐ Delete THEF Change Addition TITLE EDWARDS, VERNITA NAME NAME STREET ADDRESS 918 SOUTH 7TH STREET STREET ADDRESS FERNANDINA BCH, FL 0 CITY-ST-ZIP CITY - ST - ZIP ☐ Addition CD Delete Change TETLE DONLEY, JOHNNIE LEE NAME NAME STREET ADDRESS 1059 RAILROAD ST. STREET ADDRESS CITY-ST-ZIP CMY-ST-ZIP HILLIARD FL Change ☐ Addition PD Delete TITLE TITLE NAME CALHOUN, JOE SR. NAME STREET ADDRESS STREET ADDRESS 10247 ALLENE ROAD JACKSONVILLE FL CITY - ST - ZIP CITY - ST- 7IP VP Delete TITLE ☐ Change ☐ Addition PETTYJOHN, BEATRICE NAME MAME STREET ADDRESS 500 OXFORD ST. STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP HILLIARD, FL 0 Delete TITLE Change ☐ Additio TITLE MANE NAME STREET ADDRESS STREET ADDRESS CHTY - ST - ZIP CITY-ST-ZIP ☐ Change TT Additio ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachment with an address, with all other like empowered.

01,30,06

Davlime Phone #