2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748110

FILED Mar 21, 2009 Secretary of State

Entity Name: HILLIARD COMMUNITY CEMETERY ASSOCIATION, INC.

Current Principal Place of Business: % VERNITA EDWARDS 918 SOUTH 7TH ST. FERNANDINA BEACH, FL 32034 US Current Mailing Address: % VERNITA EDWARDS 918 SOUTH 7TH ST. FERNANDINA BEACH, FL 32034			New Prin	New Principal Place of Business: % MARY G. WILLIAMS 37185 RAILROAD STREET HILLIARD, FL 32046 US New Mailing Address:		
			37185 RA			
			New Mail			
			PO BOX	% MARY G. WILLIAMS PO BOX 253 HILLIARD, FL 32046 US		
FEI Number	:	FEI Number Applied For ()	FEI Number Not App	olicable (X)	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1059 RAIL HILLIARD, The above	JOHNNIE LEE ROAD STREET FL 32046 U named entity su e of Florida.	S	37395 W. HILLIARD	EY , DONALE . 7TH STREE , FL 32046 its registered		
	e di Fidhida. RE: DONALD J	I HIIMDHDEV			03/21/2009	
SIGNATOR		ว. ทอเพศกหนา c Signature of Registered Ag	aent		Date	
OFFICER	S AND DIRECT		_	NS/CHANGE	S TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:		Delete NITA, STREET	Title: Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	CD () [DONLEY, JOHNN 1059 RAILROAD HILLIARD, FL	IIE LEE,	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	PD () [CALHOUN, JOE : 10247 ALLENE F JACKSONVILLE,	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
	VD () [Delete	Title:		X) Change () Addition	
Title: Name: Address: City-St-Zip:	VP ()[PETTYJOHN, BE 500 OXFORD ST HILLIARD, FL	ATRICE,	Name: Address: City-St-Zip:	HUMPHREY,I 37395 W 7TH HILLIARD, FL	STREET	

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: MARY G. WILLIAMS AST 03/21/2009