

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009511

FILED
Apr 24, 2009
Secretary of State

Entity Name: HIS RESTING PLACE, INC.

Current Principal Place of Business:

8353 79TH AVE
SEMINOLE, FL 33777

New Principal Place of Business:

1564 OAKADIA LANE
CLEARWATER, FL 33764

Current Mailing Address:

POB 10223
LARGO, FL 33773

New Mailing Address:

1564 OAKADIA LANE
CLEARWATER, FL 33764

FEI Number: 20-3520504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUFMANN, BRUCE G
1564 OAKADIA LANE
CLEARWATER, FL 33764 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: KOLB, KATHRYN
Address: 7934 KIMBERLY CT
City-St-Zip: SEMINOLE, FL 33777

Title: D () Delete
Name: KAUFMANN, BRUCE G
Address: 1564 OAKADIA LANE
City-St-Zip: CLEARWATER, FL 33777

Title: D () Delete
Name: KAUFMANN, KARYL
Address: 1564 OAKADIA LANE
City-St-Zip: CLEARWATER, FL 33777

Title: D () Delete
Name: BRUER, DOROTHY
Address: 93191 2ND STREET N
City-St-Zip: PINELLAS PARK, FL 33782

Title: D () Delete
Name: RAMSDELL, PAMELA
Address: 13663 CLAREDON RD
City-St-Zip: SEMINOLE, FL 33776

Title: D (X) Delete
Name: MARTON, TAMMY
Address: 8353 79TH AVE
City-St-Zip: SEMINOLE, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DONOVAN, MARIA
Address: 6214 54TH AVENUE N #208
City-St-Zip: KENNETH CITY, FL 33709

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

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

Title: D (X) Change () Addition
Name: MARTIN, TAMMY
Address: 6214 54TH AVE N #208
City-St-Zip: KENNETH CITY, FL 33709

Title: D (X) Change () Addition
Name: WELCH, SUSAN
Address: 9464 RIDGE ROAD
City-St-Zip: SEMINOLE, FL 33772

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: TAMMY MARTIN

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date