

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007913

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** HILLSIDE CEMETERY ASSOCAITION INC.

**Current Principal Place of Business:**

1183 US HWY 1 NORTH  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

1183 US HWY 1 NORTH  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 59-0919196      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACDONALD, J. PATRICK  
56 HIGHLAND AVENUE  
ORMOND BEACH, FL 32174      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: P  
Name: MACDONALD, J. PATRICK  
Address: 56 HIGHLAND AVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP  
Name: TOTMAN, STAN  
Address: 56 HIGHLAND AVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: S  
Name: CHANDLER, HELEN  
Address: 56 HIGHLAND AVE  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: J. PATRICK MACDONALD

PRES

04/12/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date