

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000649

FILED
Jan 08, 2004
Secretary of State

Entity Name: HIERS MEMORIAL CHAPEL, INC.

Current Principal Place of Business:

7651 SW HIGHWAY 200
SUITE 401
OCALA, FL 34476 US

New Principal Place of Business:

Current Mailing Address:

44 SE 9TH TERRACE
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-3220497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIERS, JOHN M
910 SOUTHEAST SILVER SPRINGS BLVD.
OCALA, FL 34470 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HIERS, JOHN M
Address: 910 SE SILVER SPRGS. BLVD.
City-St-Zip: OCALA, FL 34470

Title: VPD () Delete
Name: BAXLEY, DENNIS K
Address: 910 SE SILVER SPRGS. BLVD.
City-St-Zip: OCALA, FL 34470

Title: ST () Delete
Name: BAXLEY, MICHELINE G
Address: 910 SE SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34470

Title: T () Delete
Name: BAXLEY, JUSTIN N
Address: 910 SE SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34470

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUSTIN BAXLEY

T

01/08/2004

Electronic Signature of Signing Officer or Director

Date