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NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705252 (5)

1. Corporation Name

GEORGIAN CEMETERY PERPETUAL MAINTENANCE FUND, INC.



Principal Place of Business

Mailing Address

**4265 RANDON LANE
MERRITT ISLAND FL 32952**

**4265 RANDON LANE
MERRITT ISLAND FL 32952**

3. Date Incorporated or Qualified

02/26/1963

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PINKERTON, JAMES B JR
2090 S. TROPICAL TRL.
MERRITT ISLAND FL 32952**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

James B. Pinkerton Jr

JAMES B. PINKERTON JR.

13 MARCH 1996

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent's signature is required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	PINKERTON, JAMES B JR	
STREET ADDRESS	2090 S TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATSKOSKI, ROBERT J	
STREET ADDRESS	2885 S TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAXLEY, STANLEY	
STREET ADDRESS	1360 N. COURTENAY PKWY.	
CITY-ST-ZIP	MERRITT ISL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEGERIF, EVERETT L.	
STREET ADDRESS	3000 S. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLAR, NED	
STREET ADDRESS	3950 OLD SETTLEMENT RD	
CITY-ST-ZIP	MERRITT ISL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James B. Pinkerton Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 MARCH 1996

DATE

407-453-6530

DESTINE PHONE #

CP2E037 (12/95)