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**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90167 026 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705252**

1. Corporation Name  
**GEORGIAN CEMETERY PERPETUAL MAINTENANCE FUND, IN C.**

Principal Place of Business P.O. BOX 542524 MERRITT ISLAND FL 32952 US	Mailing Address P.O. BOX 542524 MERRITT ISLAND FL 32952 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>02/26/1963</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-1652324</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**PINKERTON, JAMES B JR**  
**7701 PINE LAKE DR**  
**MERRITT ISLAND FL 32953**

10. Name and Address of New Registered Agent

81 Name  
**PINKERTON, JAMES B JR**

82 Street Address (P.O. Box Number is Not Acceptable)  
**225-8 SPRING DRIVE**

83

84 City **MERRITT ISLAND** FL 85 Zip Code **32953**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PINKERTON, JAMES B. JR.</b>	
1.3 STREET ADDRESS	<b>225-8 SPRING DRIVE</b>	
1.4 CITY-ST-ZIP	<b>MERRITT ISLAND, FL 32953</b>	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *James B. Pinkerton Jr.* **REQUIRED** **JAMES B. PINKERTON JR.** 29 APRIL 1999 407-453-6530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)