


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 705252 1. Entity Name GEORGIANA CEMETERY PERPETUAL MAINTENANCE FUND, INC.			
Principal Place of Business		Mailing Address	
P.O. BOX 542524 MERRITT ISLAND FL 32954-2524 US		P.O. BOX 542524 MERRITT ISLAND FL 32954-2524 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PINKERTON, JAMES B JR 1041 CASCADE CIRCLE, APT. 107 ROCKLEDGE FL 32955		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINKERTON, JAMES B JR	NAME	
STREET ADDRESS	1041 CASCADE CIRCLE, APT. 107	STREET ADDRESS	000000619160
CITY-STATE-ZIP	ROCKLEDGE FL 32955	CITY-STATE-ZIP	02/08/07-80059-016 61.25
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATSKOSKI, ROBERT J	NAME	
STREET ADDRESS	2885 S TROPICAL TRAIL	STREET ADDRESS	
CITY-STATE-ZIP	MERRITT ISL FL	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXLEY, STANLEY	NAME	
STREET ADDRESS	1360 N. COURTENAY PKWY.	STREET ADDRESS	
CITY-STATE-ZIP	MERRITT ISL FL	CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEGERIF, EVERETT L.	NAME	
STREET ADDRESS	3000 S. TROPICAL TRAIL	STREET ADDRESS	
CITY-STATE-ZIP	MERRITT ISL FL	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLAR, NED	NAME	
STREET ADDRESS	3950 OLD SETTLEMENT RD	STREET ADDRESS	
CITY-STATE-ZIP	MERRITT ISL FL	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	



1st MOORE CR2E037 (10/06)

4. FEI Number **59-1652324**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James B. Pinkerton Jr.* **JAMES B. PINKERTON JR** 30 JAN 2007 321-720-1265