FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
98 FEB 16 AM 11:
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **766516**

1. Corporation Name

PINE RIDGE CIVIC & HISTORICAL ASSOC., INC. (9) CEMETERY

Principal Place of Business	Mailing Address
1613 N. BRACK ST. KISSIMMEE FL 34741	1613 N. BRACK ST. KISSIMMEE FL 34741

3. Date Incorporated or Qualified: 01/12/1983

4. FEI Number: 59-2957162 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LESESNE, MALINDA J.
1613 N. BRACK ST.
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	-02/20/98--01009--021 Addition
NAME	BROWN, FRANK		1.2 NAME	****105.00 *****70.00
STREET ADDRESS	2272 B MC LAREN CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LESESNE, MALINDA		2.2 NAME	
STREET ADDRESS	1613 N. BRACK ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741		2.4 CITY-ST-ZIP	
TITLE	TDGM	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LESESNE, WILLIAM		3.2 NAME	
STREET ADDRESS	1613 N. BRACK ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, ALBERT		4.2 NAME	
STREET ADDRESS	907 PERSON AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BARRINGTON, WHITFIELD		5.2 NAME	
STREET ADDRESS	1809 N. BRACK ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

02-19-98 CC

CR2E037 (10/97)

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.

SIGNATURE: WILLIAM LESESNE WILLIAM LESESNE