02231999-90096-036-$70.00-$70.00

FILED
Feb 23, 1999 8:00 am
Secretary of State
02-23-1999 90096 036 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Kathering Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766516

1. Corporation Name
PINE RIDGE CIVIC & HISTORICAL CEMETARY ASSOCIATI ON, INC.

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

O B TRAIL — WILLIAM LESESNE

2. Principal Place of Business	2a. Mailing Address
21 CORNER OF HOLMES &	26 1613 N. BRACK ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 KISSIMMEE, FL
City & State 23 KISSIMMEE	City & State 28 34744 OSCEOLA
Zip / Country 24 34744 — 25 OSCEOLA	Zip / Country 29 — 30

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

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

5. Certifcate of Status Desired ☑ $8.75 Additional Fee Required

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: WILLIAM LESESNE
82 Street Address (P.O. Box Number is Not Acceptable): 1613 N. BRACK ST.
83 KISSIMMEE,
84 City FL 85 Zip Code 34744

11. Pursuant to the provisions of Section 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 Malinda J. Lesesne DATE 3/16/99
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		☐ Change ☐ Addition
NAME	BROWN, FRANK		1.2 NAME		
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		

CR2E037 (11/98)

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: WILLIAM LESESNE REQUIRED WILLIAM LESESNE William Lesesne 1/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #