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**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90002 007 \*\*\*\*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 # N05667**

1. Corporation Name  
**PINECREST CEMETERY ASSOCIATION, INC.**

Principal Place of Business 1530 S. FEDERAL HIGHWAY ROCKLEDGE FL 32955	Mailing Address 1530 S. FEDERAL HIGHWAY ROCKLEDGE FL 32955
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/15/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2740315
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		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

**MOSS, JOSEPH R.**  
**1530 S FEDERAL HWY**  
**ROCKLEDGE FL 32955**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCARBOROUGH, DOUG	
STREET ADDRESS	1345 STETSON DR., SOUTH	
CITY-ST-ZIP	COCOA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCARBOROUGH, O. D.	
STREET ADDRESS	1545 SALMON ST	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	RS	<input type="checkbox"/> DELETE
NAME	SCARBOROUGH, BETH	
STREET ADDRESS	1345 STETSON DR SO	
CITY-ST-ZIP	COCOA FL	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	BLACK, AUDREY	
STREET ADDRESS	975 N. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	URSSING, MELBA	
STREET ADDRESS	55 RIVERSIDE DR., #204	
CITY-ST-ZIP	COCOA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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: *Doug Scarborough* SIGNATURE REQUIRED: *Doug Scarborough* 3-18-99 407-632-2627  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)