

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90074 017 ***150.00



DOCUMENT # N05667
1. Entity Name
PINECREST CEMETERY ASSOCIATION, INC.

Principal Place of Business Mailing Address
1345 STETSON DR. SO 1345 STETSON DR. SO
COCOA FL 32922 COCOA FL 32922

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2740315 Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
MOSS, JOSEPH R. *deceased*
1530 S FEDERAL HWY
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent
Name **Doug Scarborough**
Street Address (P.O. Box Number is Not Acceptable)
1345 Stetson Dr. So
City **Cocoa, FL** Zip Code **32922**

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 *D. Scarborough*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **1-27-04**

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scarborough, O. D.	
STREET ADDRESS	4609 Mourning Dove Dr.	<i>address only</i>
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Black, Audrey	
STREET ADDRESS	1336 Vancouver Ave SE	<i>address only</i>
CITY-ST-ZIP	Palm Bay, FL 32909-5351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *A. Scarborough* 1-27-04 321-632-2627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #