


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N05667

1. Entity Name
 PINECREST CEMETERY ASSOCIATION, INC.



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

Mailing Address
 1345 STETSON DR. SO
 COCOA, FL 32922



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2740315

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCARBOROUGH, DOUG
 1345 STETSON DR. SO
 COCOA, FL 32922

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee Is \$61.25
 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCARBOROUGH, DOUG 1345 STETSON DR., SOUTH COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCARBOROUGH, O. D. 4609 MOURNING DOVE DR. MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS SCARBOROUGH, BETH 1345 STETSON DR SO COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS BLACK, AUDREY 1336 VANCOUVER AVE. SE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD URSSING, MELBA 55 RIVERSIDE DR., #204 COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000516060
 04/29/06-80234-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Doug Scarborough Pres. *D Scarborough* 4-11-06 321-682-2627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #