

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05667

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: PINECREST CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

1345 STETSON DR. SO  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

1345 STETSON DR. SO  
COCOA, FL 32922

**New Mailing Address:**

FEI Number: 59-2740315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCARBOROUGH, DOUG,  
Address: 1345 STETSON DR., SOUTH  
City-St-Zip: COCOA, FL

Title: VD ( ) Delete  
Name: SCARBOROUGH, JAMES CLAY  
Address: 2 COLONIAL  
City-St-Zip: COCOA BEACH, FL 32920

Title: RS ( ) Delete  
Name: SCARBOROUGH, BETH,  
Address: 1345 STETSON DR SO  
City-St-Zip: COCOA, FL

Title: CS ( ) Delete  
Name: BLACK, AUDREY,  
Address: 1336 VANCOUVER AVE. SE  
City-St-Zip: PALM BAY, FL 32909

Title: TD ( ) Delete  
Name: URSSING, MELBA  
Address: 55 RIVERSIDE DR., #204  
City-St-Zip: COCOA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG SCARBOROUGH

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date