

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 766516

1. Entity Name

PINE RIDGE CIVIC & HISTORICAL CEMETARY
ASSOCIATION, INC.



Principal Place of Business

CORNER HOLMES ST
KISSIMMEE FL 34744

Mailing Address

1613 N. BRACK ST.
KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2957162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LESESNE, WILLIAM
1613 N. BRACK ST.
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 ☐ Delete
NAME D
STREET ADDRESS LESESNE, LAVON
CITY- ST- ZIP 704 FLORIDA PALMS COURT
KISSIMMEE FL 34741

TITLE ☐ Delete
NAME SD
STREET ADDRESS LESESNE, MALINDA
CITY- ST- ZIP 1613 N. BRACK ST.
KISSIMMEE FL 34741

TITLE ☐ Delete
NAME TDGM
STREET ADDRESS LESESNE, WILLIAM
CITY- ST- ZIP 1613 N. BRACK ST.
KISSIMMEE FL 34741

TITLE ☐ Delete
NAME D
STREET ADDRESS BARRINGTON, WHITFIELD
CITY- ST- ZIP 1809 N. BRACK ST.
KISSIMMEE FL 34741

TITLE ☐ Delete
NAME NM
STREET ADDRESS GREEN, LISA
CITY- ST- ZIP 159 WESTMORELAND CIRCLE
KISSIMMEE FL 34744

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000266499
CITY- ST- ZIP 03/17/05-80032-016 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-05 407-847-4897

Date

Daytime Phone