

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766516

FILED  
Sep 01, 2007  
Secretary of State

**Entity Name:** PINE RIDGE CIVIC & HISTORICAL CEMETARY ASSOCIATION, INC.

**Current Principal Place of Business:**

CORNER HOLMES ST  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

1613 N. BRACK ST.  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:** 59-2957162      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

LESESNE, MALINDA  
1613 N. BRACK ST.  
KISSIMMEE, FL 34744      US

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: MALINDA J. LESESNE

09/01/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: LESESNE, LAVON  
Address: 704 FLORIDA PALMS COURT  
City-St-Zip: KISSIMMEE, FL 34741

Title: SD      ( ) Delete  
Name: LESESNE, MALINDA,  
Address: 1613 N. BRACK ST.  
City-St-Zip: KISSIMMEE, FL 34741

Title: TDGM      ( ) Delete  
Name: LESESNE, WILLIAM  
Address: 1613 N. BRACK ST.  
City-St-Zip: KISSIMMEE, FL 34741

Title: NM      (X) Delete  
Name: GREEN, LISA  
Address: 1613 ROAYL COVE CT.  
City-St-Zip: KISSIMMEE, FL 34744

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

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

Title: SD      (X) Change ( ) Addition  
Name: LESESNE, MALINDA,  
Address: 1613 N. BRACK ST.  
City-St-Zip: KISSIMMEE, FL 34744

Title: NM      (X) Change ( ) Addition  
Name: GREEM, LISA  
Address: 1513 REGAL COVE COURT  
City-St-Zip: KISSIMMEE, FL 34744

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: MALINDA LESESNE

SD

09/01/2007

Electronic Signature of Signing Officer or Director

Date