

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000001837

1. Entity Name
HISTORIC PINEWOOD CEMETERY CORPORATION



Principal Place of Business
301 MAIN STREET
DAYTONA BEACH, FL 32118

Mailing Address
PO BOX 263146
DAYTONA BEACH, FL 32126



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
92-0193900

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOREST, MICHAEL J
105 NORTH HALIFAX AVENUE
DAYTONA BEACH, FL 32118

**DO NOT WRITE
IN THIS SPACE**

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** _____

Filing Fee is \$61.25
Due by May 1, 2008

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

U000000787256
01/17/08-80073-021 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME WARRINGTON, WILLIAM SR.
STREET ADDRESS 808 IRON HORSE DR.
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE D
NAME LA MOUNTAIN, GERRY
STREET ADDRESS 11 GATEHOUSE COURT
CITY-ST-ZIP DAYTONA BEACH, FL 32119

TITLE D
NAME BECK, JR. AUGUSTUS
STREET ADDRESS 1302 SAN JOSE BOULEVARD
CITY-ST-ZIP HOLLY HILL, FL 32117

TITLE ST
NAME FOREST, MICHAEL J
STREET ADDRESS 105 NORTH HALIFAX AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE V
NAME LIBBY, GARY R
STREET ADDRESS 723 NORTH OLEANDER AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE D
NAME NELSON, JAMES T.
STREET ADDRESS 928 SOUTH PENINSULA DRIVE
CITY-ST-ZIP DAYTONA BEACH, FL 32118

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael J. Forest*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-08

Date

252-0227

Daytime Phone #