


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N05667 (3) 1. Corporation Name PINECREST CEMETERY ASSOCIATION, INC.		



Principal Place of Business 1530 S. FEDERAL HIGHWAY ROCKLEDGE FL 32955	Mailing Address 1530 S. FEDERAL HIGHWAY ROCKLEDGE FL 32955-2844
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/15/1984		3a. Date of Last Report 05/01/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2740315		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		Zip 29		Country 30	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent MOSS, JOSEPH R. 1530 S FEDERAL HWY ROCKLEDGE FL 32955				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 Zip Code				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCARBOROUGH, DOUG			1.2 NAME			
STREET ADDRESS	1345 STETSON DR., SOUTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCARBOROUGH, O. D.			2.2 NAME			
STREET ADDRESS	1545 SALMON ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL			2.4 CITY-ST-ZIP			
TITLE	RS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCARBOROUGH, BETH			3.2 NAME			
STREET ADDRESS	1345 STETSON DR SO			3.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL			3.4 CITY-ST-ZIP			
TITLE	CS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLACK, AUDREY			4.2 NAME			
STREET ADDRESS	975 N. TROPICAL TRAIL			4.3 STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL			4.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	URSSING, MELBA			5.2 NAME			
STREET ADDRESS	55 RIVERSIDE DR., #204			5.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *D. P. Scarborough* 7-18-97

CR2E037 (9/96)