FILE NOW: FILING FEE IS \$61.25

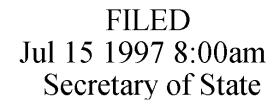
NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS



PINEC	MENT # NO5667 REST CEMETERY ASSOCIAT	TION, INC.					
Principal Place of Business Mailing Address 1530 S. FEDERAL HIGHWAY ROCKLEDGE FL 32955 ROCKLEDGE FL 32955-2844					\$	B/911 9/914 91911 91	611 9:547 (6 3)
					3. Date Incorporated or Qualified 3a. 10/15/1984	Date of Last R 05/01/199	eport 96
	2. Principal Place of Business 28. Mailing Add		Idress		4. FEI Number 59-2740315		oplied For
		Suite, Apt. #, etc.				\$8.75	ot Applicable Additional
27					5. Certificate of Status Desired	Fee Re	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip 24	Country 25	Zip	Zip Country		8. This corporation has liability for intangi		
24]	9, Name and Address of Current	29 Registered Agent	[30]		10. Name and Address of New Register		
				Name			
MOSS, JOSEPH R. 1530 S FEDERAL HWY ROCKLEDGE FL 32955			82	Streel Add	ress (P.O. Box Number is Not Acceptable)		
			83		74		
HOUND	Poř I F Otoo		84	City		lee Zin i	Code
			į i	- '		L	Į.
SIGNATURE	Signature, typed or printed name of registered agon	and title if applicable (NO			poration submits this statement for the purpose tion's board of directors. I hereby accept the a part when reinstating) DATE ADDITIONS/CHANGES 10 OFFICERS A	<u> </u>	
TITLE	PD	PD DELETE				Change	RS IN 12 Addition
NAME	SCARBOROUGH, DOUG						
STREET ADDRESS	1345 STETSON DR., SOUTH		1.3 STREE	T ADDRESS			ı
CITY-ST-ZIP	COCOA FL		1,4 CITY-	ST-ZIP			/ 1.4400
TITLE NAME	VD SCAPROROLIGH O D	SCARBOROUGH, O. D. 22				L Change	Addition
STREET ADDRESS	1545 SALMON ST			T ADDRESS	t s		
CITY-ST-ZIP	AFEDDITT IOLAND EL		2. 4 CITY-	1			
TITLE	RS	☐ DELETE	3.1 TITLE			Change	Addition
NAME	SCARBOROUGH, BETH		3.2 NAME				ļ
STREET ADDRESS	1345 STETSON DR SO COCOA FL			T ADDRESS			İ
CITY-ST-ZIP TITLE	CS CS	DELETE	3.4. CITY- 4.1 TITLE	21-14		Change	Addition
NAME	BLACK, AUDREY		4. 2 NAME				_
STREET ADDRESS	975 N. TROPICAL TRAIL		4.3 STREE	T ADDRESS			İ
CITY-ST-ZIP	MERRITT ISLAND FL		4.4 CITY-	ST-ZIP			
TITLE	TD Urssing, Melba	DELETE	5.1 TITLE			☐ Change	Addition
NAME STREET ADDRESS	55 RIVERSIDE DR., #204		52 NAME	t address			
CITY-ST-ZIP	COCOA FL		5.4 CITY -	ì			}
TITLE		☐ DELETE	6.1 TITLE	-		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY-1	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.