SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N05667

(3)

PINECREST CEMETERY ASSOCIATION, INC.

FILED Jul 15 1998 8:00am Secretary of State

					•							
Principal Place of Business Malling Address											 	
		RAL HIGHWA' FL 32955	Υ		1530 S. FEDERAL HIGHWAY ROCKLEDGE FL 32955			Date Incorporated or Qualified 10/15/1984				
								4. FEI Number 59-2740315		-	plied F	
_	2. Principal Place of Business 2a. Mailing Address							5. Certificate of Status Desired	•	3.75 A	Addition	nal
21 S	Suite, Apt. #, etc.			26 Suite, Apt.	Suite, Apt. #, etc.			6. Election Campaign Financing		Fee Re 5.00 N		
22				27				Trust Fund Contribution		ot bebb		
23 C	City & State				City & State			7. Is this nonprofit corporation a homeowners association? Yes No				
zi	P		Country	Zip	Zip Country			8. This corporation owes or has paid the current year intangible				
24						0		Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent							Name	10. Name and Address of New Register	a Agen	<u>. </u>		
						81	INGILIE					
MOSS, JOSEPH R. 1530 S FEDERAL HWY						82	Street A	dress (P.O. Box Number is Not Acceptable)				
		GE FL 329				83						
						84	City		85	Zip C	ode	
11. P	ursuant 1	to the provision	ons of sections 617.0502	and 617.1508. Florid	la Statutes, th	e above-n	amed com			its real:	stered	
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 reinstalling) DATE												
Signiflure, typed or printed name of registered agent and title if applicable (NOTE 12. OFFICERS AND DIRECTORS							Jeur Industria	ADDITIONS/CHANGES TO OFFICERS		ECTO	DO IN	12
TITLE		PD	OF FIGERS A	DIRECTORS	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS		hange		ddition
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	TADDRESS		ISON DR., SOUTH			1.3 STREET	ADDRESS					
CITY-S		COCOA FI				1.4 CITY-ST	T I					
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TITLE		C\$			DELETE	4.1 TITLE			По	hange		ddition
NAME		BLACK, AL	UDREY			4.2 NAME				-	_	1
STREET	T ADDRESS	975 N. TR	OPICAL TRAIL			4.3 STREET	ADDRESS					1
CITY-ST		MERRITT I				4.4 CITY-S1	T-21P					
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NAME		urssing,				5.2 NAME						
STREET	TADDRESS		NDE DR., #204			5.3 STREET	ADDRESS					ļ
CITY-S1	T-ZIP	COCOA FI	L			5.4 CITY-ST	r-ZiP					
TITLE]			DELETE	6.1 TITLE			c	hange	☐ A	ddition
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STREET	FADDRESS					6.3 STREET	ADDRESS					- 1
CITY-ST						6.4 CITY-S1						
14 [norshy o	artific that the	Information supplied with	h this filing dose not :	nuclify for the	evemntion	etated in	section 119 07(3)(i) Florida Statutes, I further cert	ity that th	e inforr	mation	

a non-page colony when the minor matter is not presented 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.