

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90002 007 ****61.25

DOCUMENT # N05667

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/15/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2740315	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution <input type="checkbox"/>	
29		30		\$5.00 May Be Added to Fees	

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 SCARBOROUGH, DOUG	1.1 TITLE	
NAME	1345 STETSON DR., SOUTH	1.2 NAME	
STREET ADDRESS	COCOA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SCARBOROUGH, O. D.	2.1 TITLE	
NAME	1545 SALMON ST	2.2 NAME	
STREET ADDRESS	MERRITT ISLAND FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	RS SCARBOROUGH, BETH	3.1 TITLE	
NAME	1345 STETSON DR SO	3.2 NAME	
STREET ADDRESS	COCOA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	CS BLACK, AUDREY	4.1 TITLE	
NAME	975 N. TROPICAL TRAIL	4.2 NAME	
STREET ADDRESS	MERRITT ISLAND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD URSSING, MELBA	5.1 TITLE	
NAME	55 RIVERSIDE DR., #204	5.2 NAME	
STREET ADDRESS	COCOA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Doug Scarborough* 3-18-99 407-632-2627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)