

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90074 017 \*\*\*150.00

**DOCUMENT # N05667**

1. Entity Name

PINECREST CEMETERY ASSOCIATION, INC.



Principal Place of Business

1345 STETSON DR. SO  
COCOA FL 32922

Mailing Address

1345 STETSON DR. SO  
COCOA FL 32922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2740315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOSS, JOSEPH R.  
1530 S FEDERAL HWY  
ROCKLEDGE FL 32955

*deceased*

7. Name and Address of New Registered Agent

Name

*Doug Scarborough*

Street Address (P.O. Box Number is Not Acceptable)

*1345 Stetson Dr. So*

City

*Cocoa, FL*

**FL**

Zip Code

*32922*

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

*D. Scarborough*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1-27-04*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCARBOROUGH, DOUG  
STREET ADDRESS 1345 STETSON DR., SOUTH  
CITY-ST-ZIP COCOA FL ☐ Delete

TITLE VD  
NAME SCARBOROUGH, O. D.  
STREET ADDRESS 1545 SALMON ST  
CITY-ST-ZIP MERRITT ISLAND FL ☐ Delete

TITLE RS  
NAME SCARBOROUGH, BETH  
STREET ADDRESS 1345 STETSON DR SO  
CITY-ST-ZIP COCOA FL ☐ Delete

TITLE CS  
NAME BLACK, AUDREY  
STREET ADDRESS 975 N. TROPICAL TRAIL  
CITY-ST-ZIP MERRITT ISLAND FL ☐ Delete

TITLE TD  
NAME URSSING, MELBA  
STREET ADDRESS 55 RIVERSIDE DR., #204  
CITY-ST-ZIP COCOA FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME Scarborough, O. D.  
STREET ADDRESS 4609 Mourning Dove Dr.  
CITY-ST-ZIP Merritt Island, FL 32953 ☒ Change ☐ Addition *address only*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CS  
NAME Black, Audrey  
STREET ADDRESS 1336 Vancouver Ave SE  
CITY-ST-ZIP Palm Bay, FL 32909-5351 ☒ Change ☐ Addition *address only*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*D. Scarborough*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-27-04*

*321-632-2627*

Date

Daytime Phone #