

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05667

1. Entity Name
PINECREST CEMETERY ASSOCIATION, INC.



FILED
Feb 14, 2005 08:00 AM
Secretary of State

Principal Place of Business
1345 STETSON DR. SO
COCOA, FL 32922

Mailing Address
1345 STETSON DR. SO
COCOA, FL 32922



02112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

SCARBOROUGH, DOUG
1345 STETSON DR. SO
COCOA, FL 32922

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE VD
NAME SCARBOROUGH, O. D.
STREET ADDRESS 4609 MOURNING DOVE DR.
CITY-ST-ZIP MERRITT ISLAND, FL 32953

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

TITLE CS
NAME BLACK, AUDREY
STREET ADDRESS 1336 VANCOUVER AVE. SE
CITY-ST-ZIP PALM BAY, FL 32909

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000229152
02/14/05-80068-008 61.25

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IN THIS SPACE**

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: Doug Scarborough PD 2.11.05 321-632-2627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #