

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005739

FILED
Apr 29, 2011
Secretary of State

Entity Name: PINE REST CEMETERY ASSOCIATION (A CORPORATION NOT-FOR-PROFIT)

Current Principal Place of Business:

SOUTHEAST COVE RD., NORTHEAST 44TH AVENUE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

PO BOX 578
PORT SALERNO, FL 34992

New Mailing Address:

FEI Number: 59-2803491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSEN, EDWARD B
3100 SE ST.LUCIE BLVD.
STUART, FL 34997 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: OLSEN, EDWARD B
Address: 3100 SE ST.LUCIE BLVD.
City-St-Zip: STUART, FL 34997

Title: VP
Name: ENGLISH, NANCY
Address: 5042 SE KINGFISH AVENUE
City-St-Zip: STUART, FL 34997

Title: ST
Name: WARDEN, KAREN
Address: 4129 SE WESTFELD
City-St-Zip: STUART, FL 34997

Title: P
Name: OLSEN, EDWARD B
Address: 3100 SE ST LUCIE BLVD
City-St-Zip: STUART, FL 34997

Title: P
Name: OLSEN, EDWARD B
Address: 3100 SE ST LUCIE BLVD
City-St-Zip: STUART, FL 34997

Title: P
Name: OLSEN, EDWARD B
Address: 3100 SE ST LUCIE BLVD
City-St-Zip: STUART, FL 34997

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD B OLSEN

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date