

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26593

FILED
Jul 02, 2006
Secretary of State

Entity Name: PILGRIMS REST CEMETARY FUND, INC.

Current Principal Place of Business:

3616 JACK PINE LANE
ORMOND BCH., FL 32174 US

New Principal Place of Business:

Current Mailing Address:

3616 JACK PINE LANE
ORMOND BCH., FL 32174 US

New Mailing Address:

FEI Number: 59-2955757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARKIN, MARSHALL H.
1020 VOLUSIA AVENUE
DAYTONA BEACH, FL 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: D () Delete
Name: MCNEIL, EVERETT,
Address: 459 HAMMOCK LANE
City-St-Zip: ORMOND BEACH, FL

Title: VD () Delete
Name: CORN, CHARLES
Address: 327 N JANICE LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: PARTRIDGE, ROBERT J.,
Address: 3616 JACK PINE LANE
City-St-Zip: ORMOND BEACH, FL

Title: PTD () Delete
Name: PARTRIDGE, NANCY L.
Address: 3616 JACK PINE LANE
City-St-Zip: ORMOND BCH., FL

Title: SD () Delete
Name: ALLMAN, ANGELA
Address: 1137 GREENBRIAR
City-St-Zip: PORT ORANGE, FL

Title: D () Delete
Name: DAVIS, LARRY
Address: 785 W. GRANADA BLVD.
City-St-Zip: ORMOND BCH., FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NANCY LEE PARTRIDGE

PTD

07/02/2006

Electronic Signature of Signing Officer or Director

_____ Date