


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N26593</b> 1. Entity Name PILGRIMS REST CEMETARY FUND, INC.	
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Principal Place of Business 3616 JACK PINE LANE ORMOND BCH., FL 32174 US	Mailing Address 3616 JACK PINE LANE ORMOND BCH., FL 32174 US
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**DO NOT WRITE IN THIS SPACE**



07052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2955757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BARKIN, MARSHALL H.  
 1020 VOLUSIA AVENUE  
 DAYTONA BEACH, FL

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

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEIL, EVERETT 459 HAMMOCK LANE ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORN, CHARLES 327 N JANICE LANE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTRIDGE, ROBERT J. 3616 JACK PINE LANE ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PARTRIDGE, NANCY L. 3616 JACK PINE LANE ORMOND BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLMAN, ANGELA 1137 GREENBRIAR PORT ORANGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, LARRY 785 W. GRANADA BLVD. ORMOND BCH., FL

U00000767755  
 07/10/07-80017-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Nancy Lee Partridge 7-6-07 386-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NANCY LEE PARTRIDGE 672-0463