


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N26593</b> 1. Entity Name <b>PILGRIMS REST CEMETARY FUND, INC.</b>	
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**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>3616 JACK PINE LANE ORMOND BCH., FL 32174 US</b>	Mailing Address <b>3616 JACK PINE LANE ORMOND BCH., FL 32174 US</b>
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07072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2955757</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>BARKIN, MARSHALL H. 1020 VOLUSIA AVENUE DAYTONA BEACH, FL</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000954039 07/10/08-80005-017 61.25</b>
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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

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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: <u>Nancy Lee Partridge</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>July 6-08</u> <small>Date</small>	<u>386-672-0463</u> <small>Daytime Phone #</small>
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