

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26593

FILED  
Jan 22, 2009  
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 ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

NANCY LEE PARTRIDGE  
3616 JACKPINE LANE  
ORMOND BEACH, FL 32174 US

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: NANCY LEE PARTRIDGE

01/22/2009

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 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

01/22/2009

Electronic Signature of Signing Officer or Director

Date