

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26593

FILED  
Apr 06, 2011  
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:**

NANCY LEE PARTRIDGE  
3616 JACKPINE LANE  
ORMOND BEACH, FL 32174 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  
Name: MCNEIL, EVERETT  
Address: 459 HAMMOCK LANE  
City-St-Zip: ORMOND BEACH, FL

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

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

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

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

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

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: NANCY LEE PARTRIDGE

P

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date