

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26593

FILED
Feb 21, 2012
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

PTD

02/21/2012

Electronic Signature of Signing Officer or Director

_____ Date