

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 02, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 759706**

1. Entity Name  
**PLEASANT HILL CEMETARY ASSOCIATION, INC.**



Principal Place of Business  
**PLEASANT HILL CEMETARY ASSOC., INC.  
6668 CR 625  
BUSHNELL, FL 33513 US**

Mailing Address  
**PLEASANT HILL CEMETARY ASSOC., INC.  
6668 CR 625  
BUSHNELL, FL 33513 US**



01172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3152492**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PETERSON, THOMAS L.  
6668 C. R. 625  
BUSHNELL, FL  
BUSHNELL, FL 33513**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000211709  
02/02/05-60130-008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**STD  
PETERSON, THOMAS L  
6668 C. R. 625  
BUSHNELL, FL 00000,**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
KNIGHT, MICHAEL  
5376 CR 316 A  
BUSHNELL, FL 00000,**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HAWKINS, RONALD L  
8108 TURTLEDOVE COVE  
PLANT CITY, FL 33567**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
ROESEL, FRED  
1408 AVONDALE CT.  
TALLAHASSEE, FL 32311**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HAWKINS, HUGH  
5107 CR 317  
BUSHNELL, FL 33513**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
HAYES, ARTHUR  
2954 CR 610  
BUSHNELL, FL 335138940**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Thomas L. Peterson (STD) Thomas L. Peterson 1/18/05 352-793-2480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #