

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

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N09322**

1. Entity Name  
**PANACEA COMMUNITY CEMETERY, INC.**



Principal Place of Business  
**HWY 98 EAST**  
**% NOAH POSEY P.O. BOX 294**  
**PANACEA, FL 32346-7294**

Mailing Address  
**HWY 98 EAST**  
**% NOAH POSEY P.O. BOX 294**  
**PANACEA, FL 32346-7294**

**DO NOT WRITE IN THIS SPACE**



04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**POSEY, NOAH**  
**2405 SURF RD**  
**PANACEA, FL 32346**

**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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POSEY, JOHN NOAH HIGHWAY 98 EAST PANACEA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCKINNON, JAMES LEVY BAY ROAD PANACEA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD THOMPSON, LINDA D. WAKULLA AVENUE PANACEA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRUM, DONNIE PANACEA PARK PANACEA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, DELMAR OTTER LAKE ROAD PANACEA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FALK, MARGARET ANN BOTTOMS RD. PANACEA, FL

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 04/13/05-80097-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *[Signature]* **LINDA D Thompson** **4/12/05** **(504) 525-\_\_\_\_\_**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #