

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 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**



04232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME POSEY, JOHN NOAH  
STREET ADDRESS HIGHWAY 98 EAST  
CITY-ST-ZIP PANACEA, FL

TITLE VD  
NAME MCKINNON, JAMES  
STREET ADDRESS LEVY BAY ROAD  
CITY-ST-ZIP PANACEA, FL

TITLE STD  
NAME THOMPSON, LINDA D.  
STREET ADDRESS WAKULLA AVENUE  
CITY-ST-ZIP PANACEA, FL

TITLE D  
NAME CRUM, DONNIE  
STREET ADDRESS PANACEA PARK  
CITY-ST-ZIP PANACEA, FL

TITLE D  
NAME THOMAS, DELMAR  
STREET ADDRESS OTTER LAKE ROAD  
CITY-ST-ZIP PANACEA, FL

TITLE D  
NAME FALK, MARGARET ANN  
STREET ADDRESS BOTTOMS RD.  
CITY-ST-ZIP PANACEA, FL

U00000746783  
05/16/07-80082-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/07**  
Date

**880-926-3368**  
Daytime Phone #