

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09322

FILED
Feb 11, 2009
Secretary of State

Entity Name: PANACEA COMMUNITY CEMETERY, INC.

Current Principal Place of Business:

HWY 98 EAST
% NOAH POSEY P.O. BOX 294
PANACEA, FL 323467294

New Principal Place of Business:

2405 SURF ROAD
2405 SURF ROAD
PANACEA, FL 323467294

Current Mailing Address:

HWY 98 EAST
% NOAH POSEY P.O. BOX 294
PANACEA, FL 323467294

New Mailing Address:

2405 SURF ROAD
2405 SURF ROAD
PANACEA, FL 323467294

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSEY, NOAH
2405 SURF RD
PANACEA, FL 32346 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: PD () Delete
Name: POSEY, JOHN NOAH
Address: HIGHWAY 98 EAST
City-St-Zip: PANACEA, FL

Title: STD () Delete
Name: THOMPSON, LINDA D.
Address: WAKULLA AVENUE
City-St-Zip: PANACEA, FL

Title: D () Delete
Name: CRUM, DONNIE
Address: PANACEA PARK
City-St-Zip: PANACEA, FL

Title: D () Delete
Name: THOMAS, DELMAR
Address: OTTER LAKE ROAD
City-St-Zip: PANACEA, FL

Title: D () Delete
Name: FALK, MARGARET ANN
Address: BOTTOMS RD.
City-St-Zip: PANACEA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POSEY, JOHN NOAH
Address: 2405 SURF ROAD
City-St-Zip: PANACEA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA D. THOMPSON

TRES

02/11/2009

Electronic Signature of Signing Officer or Director

_____ Date