

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

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N44169**

1. Entity Name  
**PINE LEVEL CAMPGROUND CEMETERY, INC.**



Principal Place of Business  
**8905 SW RABBIT TRAIL  
ARCADIA, FL 34266 US**

Mailing Address  
**8905 SW RABBIT TRAIL  
ARCADIA, FL 34266 US**



01082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0278994**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALDRON, EUGENE E JR  
124 N BREVARD AVE  
ARCADIA, FL 34266**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
STATES, LYNN  
8905 SW RABBIT TRAIL  
ARCADIA, FL 34266**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOLLINGSWORTH, ETHEL R.  
2163 NW BARROW AVE.  
ARCADIA, FL 34266**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHATNEY, SHARON  
2693 NW PINE CREEK AVE.  
ARCADIA, FL 34266**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BEVIS, WILLIAM  
2644 NW TOM MIZELL AVE  
ARCADIA, FL 34266**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
ALTMAN, CECIL  
4216 SW LANGFORD ST.  
ARCADIA, FL 34266**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000642554  
03/01/07-80048-002 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:**

*Lynn States* (Lynn States, Sec/Treas) 2/10/07 (863) 993-0892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #