2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N44169

Entity Name: PINE LEVEL CAMPGROUND CEMETERY, INC.

Current Principal Place of Business:

8905 SW RABBIT TRAIL
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

8905 SW RABBIT TRAIL
ARCADIA, FL 34266 US

New Mailing Address:

FEI Number: 65-0278994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALDRON, EUGENE E JR
124 N BREVARD AVE
ARCADIA, FL 34266 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:	STD	( ) Delete
Name:	STATES, LYNN	
Address:	8905 SW RABBIT TRAIL	
City-St-Zip:	ARCADIA, FL 34266	
Title:	D	( ) Delete
Name:	HOLLINGSWORTH,ETHEL, R.	
Address:	2163 NW BARROW AVE.	
City-St-Zip:	ARCADIA, FL 34266	
Title:	D	( ) Delete
Name:	SHATNEY, SHARON	
Address:	2693 NW PINE CREEK AVE.	
City-St-Zip:	ARCADIA, FL 34266	
Title:	PD	( ) Delete
Name:	BEVIS, WILLIAM	
Address:	2644 NW TOM MIZELL AVE	
City-St-Zip:	ARCADIA, FL 34266	
Title:	VP	( ) Delete
Name:	ALTMAN, CECIL	
Address:	4216 SW LANGFORD ST.	
City-St-Zip:	ARCADIA, FL 34266	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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: LYNN STATES ST 01/27/2009
Electronic Signature of Signing Officer or Director Date