


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000005384 1. Entity Name PINE LEVEL CEMETERY ASSOCIATION, INC.	
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Principal Place of Business 708 N MAIN ST WILDWOOD, FL 34785	Mailing Address 708 N MAIN ST WILDWOOD, FL 34785
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03012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3600102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, GWEN N
 708 N MAIN ST
 WILDWOOD, FL 34785

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	VD DEHART, JOHNNY 11900 CR 209 OXFORD, FL 34484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SMITH, GWEN N 1591 E. CR-466 OXFORD, FL 34484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STRUBINGER, JOE PO BOX 277 OXFORD, FL 34484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HAGUE, MICHELLE 2855 HAWTHORNE AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 03/17/05-80059-006 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: Gwen N. Smith, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____