

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2009  
Secretary of State**

DOCUMENT# N99000005384

Entity Name: PINE LEVEL CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

708 N MAIN ST  
WILDWOOD, FL 34785

**New Principal Place of Business:**

**Current Mailing Address:**

708 N MAIN ST  
WILDWOOD, FL 34785

**New Mailing Address:**

FEI Number: 59-3600102      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, GWEN N  
708 N MAIN ST  
WILDWOOD, FL 34785      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: VD ( ) Delete  
Name: DEHART, JOHNNY  
Address: 11900 CR 209  
City-St-Zip: OXFORD, FL 34484  
  
Title: TD ( ) Delete  
Name: SMITH, GWEN N  
Address: 1591 E. CR-466  
City-St-Zip: OXFORD, FL 34484  
  
Title: PD ( ) Delete  
Name: ARUTHERS, MARY M  
Address: 4802 CR 141  
City-St-Zip: WILDWOOD, FL 34785  
  
Title: SD ( ) Delete  
Name: HAGUE, MICHELLE  
Address: 2855 HAWTHORNE AVE  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: PD (X) Change ( ) Addition  
Name: CARUTHERS, MARY M  
Address: 4802 CR 141  
City-St-Zip: WILDWOOD, FL 34785  
  
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: GWEN N SMITH

T/D

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date