

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 APR -3 PM 6:11

DOCUMENT # **N51430 (9)**

1. Corporation Name  
**PONCEANNAH CEMETERY ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**POST OFFICE BOX 4 PAISLEY FL 32767**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/22/1992** 3a. Date of Last Report **05/17/1994**  
4. FEI Number **59-3161906** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **43734 S. ISLAND DR.** 26 **P.O. Box 4**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **PAISLEY FL.** 28 **PAISLEY FL.**  
Zip Country Zip Country  
24 **32767** 25 **LAKE** 29 **32767** 30 **LAKE**

9. Name and Address of Current Registered Agent  
**PARKER, CLAXON E.**  
**24959 HIGHWAY 42**  
**PAISLEY FL 32767**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE PT  
NAME BURCH (WALKER), BETTY  
STREET ADDRESS 811 PINE  
CITY - ST - ZIP LEESBURG FL  
TITLE YST  
NAME LAPPE, LILLIAN  
STREET ADDRESS P.O. BOX 4 N/A  
CITY - ST - ZIP PAISLEY FL  
TITLE Y  
NAME KILKER, MEREL  
STREET ADDRESS P.O. BOX 89 N/A  
CITY - ST - ZIP PAISLEY FL  
TITLE Y  
NAME KNIGHT, ROBERT  
STREET ADDRESS 431 N. BLUE LAKE AVE.  
CITY - ST - ZIP DELAND FL  
TITLE Y  
NAME LEE, ISABEELE  
STREET ADDRESS 1101 W. RICH AVE.  
CITY - ST - ZIP DELAND FL  
TITLE Y  
NAME FOSTER, BILL  
STREET ADDRESS 27800 LAKE AVE.  
CITY - ST - ZIP PAISLEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lillian Lappe Seal/Drea* 3-27-95 904-669-2743  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/15/1995

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
401 N. PEACHTREE ST. NW  
ATLANTA, GA 30345

Date: **MAY 25 1994**

PONCEANNAH CEMETERY ASSOCIATION INC  
C/O LILLIAN LAPPE  
PO BOX 4  
PAISLEY, FL 32767

**NSI43D**  
DEPARTMENT OF THE TREASURY

Employer Identification Number:  
59-3161906

Case Number:  
584020019

Contact Person:  
VICKY BAKER

Contact Telephone Number:  
(404) 331-0930

Internal Revenue Code  
Section 501(c)(13)

Accounting Period Ending:  
September 30

Form 990 Required:  
Yes

Addendum Applies:  
Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in the section indicated above.

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay \$100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay \$50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter. If you have any questions about excise, employment, or other Federal taxes, please address them to this office.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 per-

Letter 948 (00/00)

Box 7

N51430

Enclosed in letter of Determination  
giving the Concerned Community Assn. Inc  
non profit status, with I.R.S.

Box 12

The Assn. has seven trustees add  
to list of trustees.

Sharon Hatfield

P.O. Box 44

Wmatilla Ark. 32784

Thank you

Lillian Lappe Sec. Treas

Frank

FLOWER BOND

25% COTTON FIBER

N51430

PONCEANNAH CEMETERY ASSOCIATION INC

cent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Section 170(c)(5) of the Code provides for the deduction for Federal income tax purposes of contributions to cemetery companies of the type described in section 501(c)(13). To be deductible, the contributions must be voluntary and must be made to or for the use of a nonprofit cemetery whose funds are irrevocably dedicated to the care of the cemetery as a whole. A donor may not deduct a contribution made for the perpetual care of a particular lot or crypt. Furthermore, payments made to a cemetery company as a part of the purchase price of a burial lot or crypt, even though irrevocably dedicated to the perpetual care of the cemetery as a whole, are not deductible.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

*Nelson A. Brooke*

Nelson A. Brooke  
District Director

Enclosures:  
Addendum