

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N51430** (9)
1. Corporation Name
PONCEANNAH CEMETERY ASSOCIATION, INC.



Principal Place of Business: **43736 S. ISLAND DR. PAISLEY FL 32767 US**
Mailing Address: **POST OFFICE BOX 4 PAISLEY FL 32767**

3. Date Incorporated or Qualified: **10/22/1992**
3a. Date of Last Report: **04/03/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3161906	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PARKER, CLAXON E. 24959 HIGHWAY 42 PAISLEY FL 32767				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH (WALKER), BETTY	1.2 NAME	
STREET ADDRESS	811 PINE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	
TITLE	TST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPPE, LILLIAN	2.2 NAME	
STREET ADDRESS	P.O. BOX 4 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILKER, MEREL	3.2 NAME	
STREET ADDRESS	P.O. BOX 89 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, ROBERT	4.2 NAME	
STREET ADDRESS	431 N. BLUE LAKE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, ISABEEL	5.2 NAME	T JANICE TANNER
STREET ADDRESS	1101 W. RICH AVE.	5.3 STREET ADDRESS	5126 CANTURA DR
CITY-ST-ZIP	DELAND FL	5.4 CITY-ST-ZIP	ORLANDO FL. 32810
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, BILL	6.2 NAME	T SHARON HATFIELD
STREET ADDRESS	27900 LAKE AVE.	6.3 STREET ADDRESS	P.O. BOX 443
CITY-ST-ZIP	PAISLEY FL	6.4 CITY-ST-ZIP	UMATILLA, FL. 32784

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 119.07(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* **3-8-96** **904-669-2743**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)