

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51430

FILED
Jan 13, 2009
Secretary of State

Entity Name: PONCEANNAH CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

43736 S. ISLAND DR.
PAISLEY, FL 32767 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4
PAISLEY, FL 32767

New Mailing Address:

FEI Number: 59-3161906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, ELIZABETH
4630 NW 79TH AVE
APT 1-A
MIAMI, FL 33166 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: PT () Delete
Name: CROW, DAVID
Address: 5984 BARMA AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: TST () Delete
Name: LAPPE, LILLIAN,
Address: P.O. BOX 4 N/A
City-St-Zip: PAISLEY, FL

Title: T () Delete
Name: LOCKE, CHARLES C
Address: 11408 BOB WHITE BLVD
City-St-Zip: LEESBURG, FL

Title: T () Delete
Name: KNIGHT, ROBERT,
Address: 431 N. BLUE LAKE AVE.
City-St-Zip: DELAND, FL

Title: VPT () Delete
Name: HAYS, MARY
Address: P.O. BOX 41
City-St-Zip: PAISLEY, FL 32767

Title: T () Delete
Name: HATFIELD, SHARON
Address: P.O. BOX 443 N/A
City-St-Zip: UMATILLA, FL

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:

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: LILLIAN LAPPE

TST

01/13/2009

Electronic Signature of Signing Officer or Director

Date