

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51430

FILED
Mar 07, 2011
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
Name: CROW, DAVID
Address: 5984 BARMA AVE
City-St-Zip: TITUSVILLE, FL 32780

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LILLIAN LAPPE

SCTY

03/07/2011

Electronic Signature of Signing Officer or Director

Date