

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51430

**Entity Name:** PONCEANNAH CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

23813 CR 42  
PAISLEY, FL 32767

**Current Mailing Address:**

POST OFFICE BOX 463  
PAISLEY, FL 32767 US

**FEI Number:** 59-3161906

**Certificate of Status Desired:** No

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

MATHEWS, JOHN JR  
1325 NADINE DR.  
DELAND, FL 32738 US

*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

**Officer/Director Detail :**

Title VP  
Name MORRIS, MELISSA  
Address 26740 FISHERMAN'S RD  
City-State-Zip: PAISLEY FL 32767

Title TRUSTEE  
Name MATHEWS, JOHN JR.  
Address 1325 NADINE  
City-State-Zip: DELAND FL 32738

Title TRUSTEE  
Name HAYS, DANIEL R  
Address 43910 EAST RD  
City-State-Zip: PAISLEY FL 32767

Title SECRETARY, TREASURER  
Name GORDON, JANICE CROW  
Address 17929 LAKE LUCY LN  
City-State-Zip: GROVELAND FL 34736

Title PRESIDENT  
Name KNIGHT, KIMBERLY  
Address 1930 VAN CLEEF RD  
City-State-Zip: DELAND FL 32720

Title TRUSTEE  
Name HUTSON, SARAH  
Address 30234 CR 42  
City-State-Zip: DELAND FL 32720

Title TRUSTEE  
Name MATHEWS, DYLAN  
Address 23813 CR 42  
City-State-Zip: PAISLEY FL 32736

*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:** JANICE CROW GORDON

**SECRETARY/TREASURER** 05/10/2022

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date