


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90101 002 ****61.25

DOCUMENT # N00000000591 1. Entity Name CLIFFORD HILL CEMETERY, INC.	
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Principal Place of Business 1674 CLIFFORD HILL RD. TALLAHASSEE, FL 32317	Mailing Address P.O. BOX 12793 TALLAHASSEE, FL 32317
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2. Principal Place of Business - No P.O. Box # <i>1674 Clifford Hill Rd</i> Suite, Apt. #, etc.	3. Mailing Address <i>P.O. Box 12793</i> Suite, Apt. #, etc.
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City & State <i>Tallahassee FL</i>	City & State <i>Tallahassee FL</i>	4. FEI Number 36-4345456	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32317</i>	Country	Zip <i>32317</i>	Country

40101249



02102007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent HARVEY, LEANDERS 2408 BANYAN DRIVE TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD HARVEY, LEANDERS 2110 G SOUTH ADAMS STREET TALLAHASSEE, FL 32301	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	CCT BARNES, WILLIAM 1459 LONNIE ROAD TALLAHASSEE, FL 32308	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T JEFFERSON, RUBY L 3724 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	FS HUGHES, NIECE CENTERVILLE ROAD TALLAHASSEE, FL 32308	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Barnes* 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0000000591

1. Entity Name
CLIFFORD HILL CEMETERY, INC.



ATTACHMENT

Principal Place of Business
**1674 CLIFFORD HILL RD.
TALLAHASSEE, FL 32317**

Mailing Address
**P.O. BOX 12793
TALLAHASSEE, FL 32317**

40101249

02102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4345456	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HARVEY, LEANDERS
2408 BANYAN DRIVE
TALLAHASSEE, FL 32303**

DO NOT WRITE
IN THIS SPACE

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Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HARVEY, LEANDERS
STREET ADDRESS	2110-C SOUTH ADAMS STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	CCT
NAME	BARNES, WILLIAM
STREET ADDRESS	1459 LONNIE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	T
NAME	JEFFERSON, RUBY L
STREET ADDRESS	3724 MICCOSUKEE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	FS
NAME	HUGHES, NIECE
STREET ADDRESS	CENTERVILLE ROAD <i>2075 Brim Ln</i>
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: _____

William Barnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

Daytime Phone #