


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90042 035 ****61.25

DOCUMENT # N39120 1. Entity Name CLOPTON CEMETERY ASSOCIATION, INC.					
Principal Place of Business C/O JOHNNIE M. CLOPTON 7101 WELLS AVE. NAVARRE, FL 32566			Mailing Address C/O JOHNNIE M. CLOPTON 7101 WELLS AVE. NAVARRE, FL 32566		
2. Principal Place of Business C/O JOHNNIE CLOPTON Suite, Apt. #, etc. 7007 RICHARD LANE City & State MILTON FL Zip 32583			3. Mailing Address JOHNNIE M CLOPTON Suite, Apt. #, etc. 7007 RICHARD LANE City & State MILTON FL Zip 32583		
4. FEI Number 59-3024294			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CLOPTON, JOHNNIE M. 7101 WELLS AVE. NAVARRE, FL 32566			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CLOPTON, JOHNNIE M. 7007 RICHARD LANE RD MILTON, FL 32583	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD EDGAR, JOYCE 10 EDGEWATER DR. PENSACOLA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHARDSON, VINCENT P. 303 OSAGE TRAIL PENSACOLA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CLOPTON, JOHN H. 3711 CHERRY LAUREL DR. PENSACOLA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>John H. Clopton</u> JOHN H. CLOPTON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>8-3-06</u> Daytime Phone # <u>1-850-476-7922</u>					

50024466



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1-850-476-7922