

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90032 017 ****61.25

DOCUMENT # N39120

1. Entity Name

CLOPTON CEMETERY ASSOCIATION, INC.



Principal Place of Business

C/O JOHNNIE M. CLOPTON
7007 RICHARD LN
MILTON, FL 32583

Mailing Address

C/O JOHNNIE M. CLOPTON
7007 RICHARD LN
MILTON, FL 32583

60006260



01102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3024294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLOPTON, JOHNNIE M.
7101 WELLS AVE.
NAVARRE, FL 32566

**DO NOT WRITE
IN THIS SPACE**

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CLOPTON, JOHNNIE M.
STREET ADDRESS 7007 RICHARD LANE RD
CITY-ST-ZIP MILTON, FL 32583

TITLE SD
NAME EDGAR, JOYCE
STREET ADDRESS 10 EDGEWATER DR.
CITY-ST-ZIP PENSACOLA, FL

TITLE D
NAME RICHARDSON, VINCENT P.
STREET ADDRESS 303 OSAGE TRAIL
CITY-ST-ZIP PENSACOLA, FL

TITLE T
NAME CLOPTON, JOHN H.
STREET ADDRESS 3711 CHERRY LAUREL DR.
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John H. Clopton
JOHN H. CLOPTON T. 1-11-07
1-850-476-7922