

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

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**



04292008 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, 2008**

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

U00000937948
05/27/08-80068-025 61.25

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	

**DO NOT WRITE
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 #