2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N39120

Entity Name: CLOPTON CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3024294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CLOPTON, JOHNNIE M.,	
Address:	7007 RICHARD LANE RD	
City-St-Zip:	MILTON, FL 32583	
Title:	SD	( ) Delete
Name:	EDGAR, JOYCE	
Address:	10 EDGEWATER DR.	
City-St-Zip:	PENSACOLA, FL	
Title:	D	( ) Delete
Name:	RICHARDSON, VINCENT, P.	
Address:	303 OSAGE TRAIL	
City-St-Zip:	PENSACOLA, FL	
Title:	T	( ) Delete
Name:	CLOPTON, JOHN H.,	
Address:	3711 CHERRY LAUREL DR.	
City-St-Zip:	PENSACOLA, FL 32504	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN H. CLOPTON TRES 01/08/2009

Electronic Signature of Signing Officer or Director — Date