

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000000994**

**1. Entity Name**  
**POPE CEMETERY ASSOCIATION INCORPORATED**



**Principal Place of Business**

**CEMETERY ST.**  
**SNEADS, FL 32460**

**Mailing Address**

**PO BOX 33**  
**SNEADS, FL 32460**



01122007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**NOT APPLICABLE**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**LANIER, JUDY**  
**7811 KEEVERS RD**  
**SNEADS, FL 32460**

**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:** Judy Lanier  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

1-22-07  
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** KILPATRICK, DILLON  
**STREET ADDRESS** 2250 KILPATRICK LANE  
**CITY-ST-ZIP** SNEADS, FL 32460

**TITLE** VP/D  
**NAME** KILPATRICK, DILLON  
**STREET ADDRESS** 2250 KILPATRICK LANE  
**CITY-ST-ZIP** SNEADS, FL 32460

**TITLE** VP  
**NAME** PRINGLE, SHERRY  
**STREET ADDRESS** 1959 GLOSTER AVE  
**CITY-ST-ZIP** SNEADS, FL 32460

**TITLE** STTT  
**NAME** LANIER, JUDY  
**STREET ADDRESS** 7811 KEEVERS RD  
**CITY-ST-ZIP** SNEADS, FL 32460

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

U00000599882  
01/25/07-80044-013 70.00

**DO NOT WRITE  
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**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:** Judy Lanier  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-07  
Date

(850) 1663-7258  
Daytime Phone #