

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

FILED
Jan 17, 2008 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



01142008 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resetting.)

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

U00000788386
01/18/08-80039-009 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KILPATRICK, DILLON
2250 KILPATRICK LANE
SNEADS, FL 32460

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

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

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

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:

Judy Lanier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08
Date

(850) 663-7258
Daytime Phone #