

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED

**Feb 11, 2008 08:00 AM
Secretary of State**

DOCUMENT # N99000005319

1. Entity Name

CLAY SINK CEMETERY ASSOCIATION, INC.



Principal Place of Business

508 W. STATE RD. 50
GROVELAND FL 34736

Mailing Address

508 W. STATE RD. 50
GROVELAND FL 34736



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2913530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYETT, VERA S
508 W. STATE RD. 50
GROVELAND FL 34736

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Vera S. Boyett (Vera)

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when re-registering)

2-08-08

DATE

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BOYETT, TIMOTHY H
STREET ADDRESS 45260 CLAY SINK RD
CITY-ST-ZIP WEBSTER FL 33597

TITLE VD ☐ Delete
NAME BRINSON, JOHN W
STREET ADDRESS 38215 RICHLOAM CLAY SINK RD.
CITY-ST-ZIP WEBSTER FL 33597

TITLE ST ☐ Delete
NAME BOYETT, VERA S
STREET ADDRESS 508 W. STATE RD. 50
CITY-ST-ZIP GROVELAND FL 34736

TITLE D ☐ Delete
NAME BRINSON, MELVIN
STREET ADDRESS 38408 RICHLOAM CLAY SINK RD.
CITY-ST-ZIP WEBSTER FL 33597

TITLE D ☐ Delete
NAME SLAUGHTER, ROYCE M
STREET ADDRESS 37832 CORBITT RD.
CITY-ST-ZIP DADE CITY FL 33526

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Vera S. Boyett (Vera)

2-8-08