

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000591

Entity Name: CLIFFORD HILL CEMETERY, INC.**Current Principal Place of Business:**1674 CLIFFORD HILL RD.
TALLAHASSEE, FL 32317**Current Mailing Address:**P.O. BOX 12793
TALLAHASSEE, FL 32317**FEI Number: 36-4345456****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TIBBS, MARTHA
1208 BIRMINGHAM ST #205
TALLAHASSEE, FL 32304 US*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**Officer/Director Detail :**

Title BMD
Name SLOAN, ANNIE DR.
Address 4420 WEST SHANNON LAKE
City-State-Zip: TALLAHASSEE FL 32309

Title BM
Name BURGESS, CHARLES
Address 2408 BANYAN DR
City-State-Zip: TALLAHASSEE FL 32303

Title BM
Name AUSTIN, CEDRIC W
Address 3408 NATIVE DANCER TRAIL
City-State-Zip: TALLAHASSEE FL 32309

Title BMD
Name FERRELL, WILBERT
Address 1419 LONNIE RD
City-State-Zip: TALLAHASSEE FL 32308

Title BM
Name WILLIS, ERNEST
Address 3520 LORO LN
City-State-Zip: TALLAHASSEE FL 32305

I hereby 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 all other like empowered.

SIGNATURE: ERNEST C WILLIS**FINANCIAL SECRETARY****08/02/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date