

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 17 AM 8:39

DOCUMENT # 700418 (7)

1. Corporation Name

OAKDALE CEMETERY ASSOCIATION

Principal Place of Business

Mailing Address

EDNA S BARRETT
340 N STONE ST
DELAND FL 32720

EDNA S BARRETT
340 N STONE ST
DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/10/1960
3a. Date of Last Report 01/21/1994
4. FEI Number 59-0380205
Applied For Not Applicable

2. Principal Place of Business
21. OAKDALE CEMETERY
22. 725 N. FLA. AVE
23. DELAND, FL
24. 32720
25. U.S.A.
2a. Mailing Address
26. OAKDALE CEMETERY
27. 725 N. FLA. AVE
28. DELAND, FL
29. 32720
30. U.S.A.

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BARRETT, EDNA S.
340 N STONE ST
DELAND FL 32720

10. Name and Address of New Registered Agent
81. Name RICHARD A. BRUNNING
82. Street Address (P.O. Box Number is Not Acceptable) 725 NORTH FLORIDA AVE
83.
84. City DELAND, FL
85. Zip Code 32720

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: RICHARD A. BRUNNING (Signature, typed or printed name of registered agent and fee if applicable) RICHARD A. Brunning (NOTE: Registered Agent signature required when reinstating) 5-8-95 (DATE)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRADLEY, KENNETH
STREET ADDRESS	101 N BLVD
CITY - ST - ZIP	DELAND, FL 00000-32720
TITLE	TS
NAME	BARRETT, EDNA S.
STREET ADDRESS	N. STONE ST
CITY - ST - ZIP	DELAND FL
TITLE	V
NAME	STEPP, DAVID
STREET ADDRESS	235 KINCAID AVENUE
CITY - ST - ZIP	DELAND FL 32724
TITLE	D
NAME	ODHAM, KATHERINE
STREET ADDRESS	W. TAYLOR RD.
CITY - ST - ZIP	DELAND FL
TITLE	D
NAME	MILLER, MAURICE
STREET ADDRESS	725 CHEROKEE
CITY - ST - ZIP	DELAND FL
TITLE	D
NAME	MANCINIK, JOY
STREET ADDRESS	940 W. NEW YORK AVE.
CITY - ST - ZIP	DELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ADMINISTRATOR/TREASURER
23 STREET ADDRESS	RICHARD A. BRUNNING
24 CITY - ST - ZIP	725 N. FLA. AVE, DELAND, FL, 32720-2702
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	JOY BOOKER
43 STREET ADDRESS	246 E. FLORENCE AVE
44 CITY - ST - ZIP	DELAND, FL, 32724
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	VINCENT GOULD
53 STREET ADDRESS	230 E. TAYLOR ROAD
54 CITY - ST - ZIP	DELAND, FL, 32724
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	RICHARD MARTIN
63 STREET ADDRESS	256 CROOKED TREE TRAIL
64 CITY - ST - ZIP	DELAND, FL, 32724

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(5)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment thereto, with an address.

SIGNATURE: RICHARD A. BRUNNING (Signature, typed or printed name of signing officer or director) RICHARD A. BRUNNING (NOTE: Registered Agent signature required when reinstating) 5-8-95 904-734-0626 (DATE) (Telephone Number)