

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2009
Secretary of State

DOCUMENT# 700418

Entity Name: OAKDALE CEMETERY ASSOCIATION

Current Principal Place of Business:

800 N. CLARA AVE.
800 N. CLARA AVE
DELAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

OAKDALE CEMETERY
413 E. KENTUCKY AV
DELAND, FL 32724 US

New Mailing Address:

FEI Number: 59-0380205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILKINS, WILMA F
413 E. KENTUCKY AV.
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRADLEY, KEN
Address: 799 TORCHWOOD AVE.
City-St-Zip: DELAND, FL 32724

Title: V () Delete
Name: GOULD, VINCENT
Address: 830 E. TAYLOR RD.
City-St-Zip: DELAND, FL 32724

Title: AT () Delete
Name: WILKINS, WILMA
Address: 413 E. KENTUCKY AV
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: BALDAUFF, MICHAEL
Address: 1402 N WOODLAND BLVD
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: STEPP, DAVID
Address: 235 KINCAID AVE.
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: MARTIN, RICHARD
Address: 256 CROOKED TREE TRAIL
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILMA F. WILKINS

AT

05/09/2009

Electronic Signature of Signing Officer or Director

_____ Date