

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700418

**Entity Name:** OAKDALE CEMETERY ASSOCIATION

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-0380205

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILKINS, WILMA F  
413 E. KENTUCKY AV.  
DELAND, FL 32724 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 P  
Name BRADLEY, KEN  
Address 799 TORCHWOOD AVE.  
City-State-Zip: DELAND FL 32724

Title V  
Name GOULD, VINCENT  
Address 830 E. TAYLOR RD.  
City-State-Zip: DELAND FL 32724

Title AT  
Name WILKINS, WILMA  
Address 413 E. KENTUCKY AV  
City-State-Zip: DELAND FL 32724

Title D  
Name BALDAUFF, MICHAEL  
Address 1402 N WOODLAND BLVD  
City-State-Zip: DELAND FL 32720

Title S  
Name STEPP, DAVID  
Address 235 KINCAID AVE.  
City-State-Zip: DELAND FL 32724

Title D  
Name LANKFORD, CHERYL  
Address 220 E. NEW YORK AV  
City-State-Zip: DELAND FL 32724

*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:** WILMA WILKINS

**ADMINISTRATOR**

**04/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date