

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 700418 (7)
 1. Corporation Name
OAKDALE CEMETERY ASSOCIATION



Principal Place of Business: **OAKDALE CEMETERY, 725 N. FLORIDA AVENUE, DELAND FL 32720, US**
 Mailing Address: **OAKDALE CEMETERY, 725 NORTH FLORIDA AVENUE, DELAND FL 32720, US**

3. Date Incorporated or Qualified: **02/10/1960**
 3a. Date of Last Report: **07/17/1995**

2. Principal Place of Business: **800 N. CLARA AVE**
 2a. Mailing Address: [Blank]
 4. FEI Number: **59-0380205**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **RICHARD A. BRUNNING** (Signature, typed or printed name of registered agent and title if applicable)
Richard A. Brunning (NOTE: Registered Agent signature required when reinstating)
6-13-96 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	BRADLEY, KENNETH 101 N BLVD DELAND, FL 00000	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P 1.2 NAME: STEPP, DAVID 1.3 STREET ADDRESS: 235 KINCAID AVENUE 1.4 CITY - ST - ZIP: DELAND, FL. 32724
TITLE: AT	BRUNNING, RICHARD A. 725 NORTH FLORIDA AVENUE DELAND FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: [Blank] 2.2 NAME: BRADLEY, KENNETH 2.3 STREET ADDRESS: 799 TORCHWOOD AVENUE 2.4 CITY - ST - ZIP: DELAND, FL 32724
TITLE: V	STEPP, DAVID 235 KINCAID AVENUE DELAND FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: AT 3.2 NAME: BRUNNING, RICHARD A. 3.3 STREET ADDRESS: 725 N. FLOR. AVE 3.4 CITY - ST - ZIP: DELAND, FL. 32720
TITLE: D	BOOKER, JOY 246 E. FLORENCE AVENUE DELAND FL	<input type="checkbox"/> DELETE	4.1 TITLE: [Blank] 4.2 NAME: [Blank] 4.3 STREET ADDRESS: [Blank] 4.4 CITY - ST - ZIP: [Blank]
TITLE: D	GOULD, VINCENT 230 E. TAYLOR ROAD DELAND FL	<input type="checkbox"/> DELETE	5.1 TITLE: [Blank] 5.2 NAME: [Blank] 5.3 STREET ADDRESS: [Blank] 5.4 CITY - ST - ZIP: [Blank]
TITLE: D	MARTIN, RICHARD 256 CROOKED TREE TRAIL DELAND FL	<input type="checkbox"/> DELETE	6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY - ST - ZIP: [Blank]

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 119.07(3)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Richard A. Brunning**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
6-13-96 904-784-0626
 Date Daytime Phone #

CR2E037 (3/96)