

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700418

FILED
Mar 25, 2015
Secretary of State
CC4562953341

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
P O BOX 277
DELAND, FL 32721 US

FEI Number: 59-0380205

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRADOV, WILLIAM
OAKDALE CEMETERY
431 N STONE ST
DELAND, FL 32720 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: WILLIAM BRADOV

03/25/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BRADOV, WILLIAM
Address OAKDALE CEMETERY
P O BOX 277
City-State-Zip: DELAND FL 32721

Title V
Name MANCINIK, BILL
Address 899 E NEW YORK
City-State-Zip: DELAND FL 32724

Title AT
Name WILKINS, WILMA
Address OAKDALE CEMETERY
P O BOX 277
City-State-Zip: DELAND FL 32721

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

Title ADMINISTRATOR
Name WAY, STUART
Address P.O. BOX 106
City-State-Zip: DELEON SPRINGS FL 32130

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

ADMINISDTRATOR

03/25/2015

Electronic Signature of Signing Officer/Director Detail

Date