

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700418

**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**5658371294CC**

**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

02/07/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title ADMINISTRATOR  
Name PRIMO, VICTOR  
Address 1506 BRITAIN  
City-State-Zip: DELAND FL 32720

*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:** CHERYL LANKFORD

PRES/TREAS

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date