FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Jan 22 1997 8:00am
Secretary of State

DOCUMENT # 700418 (7)

1. Corporation Name

OAKDALE CEMETERY ASSOCIATION

Principal Place of Business	Mailing Address
600 N. CLARA AVE. 725 N. FLORIDA AVENUE DELAND FL 32720 US	OAKDALE CEMETERY 725 NORTH FLORIDA AVENUE DELAND FL 32720-2702 US

3. Date Incorporated or Qualified	3a. Date of Last Report
02/10/1960	06/18/1996

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-0380205	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

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, Administrator*   *Richard A. Brunning*   1-6-97
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STEPP, DAVID		1.2 NAME	
STREET ADDRESS	235 KINCAID AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 00000		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRADLEY, KENNETH		2.2 NAME	
STREET ADDRESS	799 TORCHWOOD AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP	
TITLE	AT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRUNNING, RICHARD A.		3.2 NAME	
STREET ADDRESS	725 N. FLOR. AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BOOKER, JOY		4.2 NAME	
STREET ADDRESS	246 E. FLORENCE AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GOULD, VINCENT		5.2 NAME	
STREET ADDRESS	230 E. TAYLOR ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, RICHARD		6.2 NAME	
STREET ADDRESS	256 CROOKED TREE TRAIL		6.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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*   1-6-97   904-734-0626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone # 0013366