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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(7)

FILED Jan 28 1998 8:00am Secretary of State

OAKD	ALE CEMETERY ASSOCIATI	ION				E18((0.18% 0.18)	ı
Principal Plac	ce of Business	Mailing Address		и			
		-					
800 N. CLARA AVE. OAKDALE CEMETERY 725 N. FLORIDA AVENUE 725 NORTH FLORIDA AV					3. Date Incorporated or Qualified		
DELAND FL 32720		DELAND FL 32720		02/10/1960			
US		US			4. FEI Number	Applied For	
District L	21	1 - 4 - 10			59-0380205	Not Applical	ble
21	Place of Business	2a. Mailing Address	_		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		6. Election Campaign Financing	\$5.00 May Be	
22	A	27			Trust Fund Contribution	Added to Fees	
City & Star	ie	City & State			7. Is this nonprofit corporation a homeowr		
Zip	Country	28 Zip	Country	<i>J</i>	☐ Yes	No	
24	25	— — ·	30	· ——	This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation.	urrent year Intangible Yes 🔲 No	
	9. Name and Address of Curren		1		10. Name and Address of New Registere		
			81	Name			
BRUNN	ING, RICHARD A.			0			_
	RTH FLORIDA AVENUE		82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
) FL 32720		83				
			84	City		85 Zip Code	
						L	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the above	e-named corr	poration submits this statement for the purpose tition's board of directors. I hereby accept the a	of changing its registere	ed.
agent. I a	m familiar with, and accept the obligation	ations of, Section 617.0503, Flo	rida Statutes	/ the corpora s.	ition's board of directors, I hereby accept the al	opointment as registered	1
SIGNATURE							
	Signature, typed or printed name of registered age			ent signature requi	lred when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AT		
TITLE	P CTCDD DAVID	☐ DELETE	1.1 TITLE			Change Additi	ОП
NAME	STEPP, DAVID		1.2 NAME				
STREET ADDRESS	235 KINCAID AVE		1.3 STREET				
CITY-ST-ZIP	DELAND, FL 00000	DELETE	1.4 CiTY-ST-ZiP			i Otana I additi	
TITLE	'		2.1 TITLE			Change Additi	០៣
NAME	BRADLEY, KENNETH		2.2 NAME	1			
STREET ADORESS	799 TORCHWOOD AVE.						
CITY-ST-ZIP TITLE	DELAND FL			ADDRESS			
NAME		DELETE	2. 4 CITY - S			Channa Additi	
STREET ADDRESS	AT	☐ DELETE	2. 4 CITY - S 3.1 TITLE			☐ Change ☐ Additi	cn
	AT BRUNNING, RICHARD A.	DELETE	2. 4 CITY - S 3.1 TITLE 3.2 NAME	ST-ZIP		☐ Change ☐ Additi	cn
	at Brunning, Richard A. 725 N. Flor. Ave.	DELETE	2. 4 CITY - S 3.1 TITLE 3.2 NAME 3.3 STREET	ST-ZIP ADDRESS		☐ Change ☐ Additi	cn
CITY-ST-ZIP	AT BRUNNING, RICHARD A. 725 N. FLOR. AVE. DELAND FL		2. 4 CITY - S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY - S	ST-ZIP ADDRESS			
CITY-ST-ZIP TITLE	AT BRUNNING, RICHARD A. 725 N. FLOR. AVE. DELAND FL D	☐ DELETE	2. 4 CITY - S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY - S 4.1 TITLE	ST-ZIP ADDRESS		Change Additi	
CITY-ST-ZIP TITLE NAME	AT BRUNNING, RICHARD A. 725 N. FLOR. AVE. DELAND FL D BOOKER, JOY		2. 4 CITY - S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY - S 4.1 TITLE 4. 2 NAME	ST-ZIP ADDRESS ST-ZIP			
CITY-ST-ZIP TITLE NAME STREET ADDRESS	AT BRUNNING, RICHARD A. 725 N. FLOR. AVE. DELAND FL D BOOKER, JOY 246 E. FLORENCE AVENUE		2. 4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS ADDRESS ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BRUNNING, RICHARD A. 725 N. FLOR. AVE. DELAND FL D BOOKER, JOY 246 E. FLORENCE AVENUE DELAND FL	☐ DELETE	2. 4 CITY - S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY - S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY - SI	ADDRESS ADDRESS ADDRESS		Change Additi	сп
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	AT BRUNNING, RICHARD A. 725 N. FLOR. AVE. DELAND FL D BOOKER, JOY 246 E. FLORENCE AVENUE DELAND FL D GOULD, VINCENT	☐ DELETE	2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE 5.2 NAME	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP		Change Additi	сп
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14. I 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, and a statement with an address.

SIGNATURE: