

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90542 017 ****61.25

DOCUMENT # **700418**

1. Entity Name
OAKDALE CEMETERY ASSOCIATION



Principal Place of Business

**800 N. CLARA AVE.
725 N. FLORIDA AVENUE
DELAND FL 32720
US**

Mailing Address

**OAKDALE CEMETERY
725 NORTH FLORIDA AVENUE
DELAND FL 32720
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-0380205**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRUNNING, RICHARD A.
725 NORTH FLORIDA AVENUE
DELAND FL 32720**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

RICHARD A. BRUNNING *Richard A. Brunning* *4-25-03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STEPP, DAVID	
STREET ADDRESS	235 KINCAID AVE	
CITY-ST-ZIP	DELAND, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BRADLEY, KENNETH	
STREET ADDRESS	799 TORCHWOOD AVE.	
CITY-ST-ZIP	DELAND FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BRUNNING, RICHARD A.	
STREET ADDRESS	725 N. FLOR. AVE.	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVEILLE, BETTIE	
STREET ADDRESS	125 FALLEN TIMBER RD	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOULD, VINCENT	
STREET ADDRESS	230 E. TAYLOR ROAD	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, RICHARD	
STREET ADDRESS	256 CROOKED TREE TRAIL	
CITY-ST-ZIP	DELAND FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN BRADLEY	
STREET ADDRESS	799 TORCHWOOD AVE.	
CITY-ST-ZIP	DELAND, FL. 32724	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOULD, VINCENT	
STREET ADDRESS	230 E. TAYLOR RD.	
CITY-ST-ZIP	DELAND, FL, 32724	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPP, DAVID	
STREET ADDRESS	235 KINCAID AVE.	
CITY-ST-ZIP	DELAND, FL, 32724	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICHARD A. BRUNNING **REQUIRED**

4-25-03

386-734-0626

CR2E037 (10/02)