

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N38113** (9)
1. Corporation Name
BLOOMINGDALE COOPERATIVE CEMETERY COMPANY



Principal Place of Business: % PATRICIA COOLEY, 3212 PEARSON RD., VALRICO FL 33594
Mailing Address: % PATRICIA COOLEY, 3212 PEARSON RD., VALRICO FL 33594

3. Date Incorporated or Qualified: 05/11/1990
3a. Date of Last Report: 04/03/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-2958383	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COOLEY, PATRICIA 3212 PEARSON RD. VALRICO FL 33594		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JOSEPH, HELEN E	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	604 CLAY CT	1.2 NAME	
STREET ADDRESS	BRANDON FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD MARTIN, CANDI	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3202 LITHIA RD	2.2 NAME	
STREET ADDRESS	VALRICO FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD DIXON, MARY ELLEN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1522 BLUETAIL DRIVE	3.2 NAME	
STREET ADDRESS	BRANDON FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD COOLEY, PATRICIA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3212 PEARSON ROAD	4.2 NAME	
STREET ADDRESS	VALRICO FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D FOWLER, JAMES D.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 53 N/A	5.2 NAME	
STREET ADDRESS	DURANT FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D WATERS, WYLEY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 532 N/A	6.2 NAME	
STREET ADDRESS	DURANT FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Pat Cooley Pat Cooley 4/30/96 813-681-1106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)