FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

BLOOMINGDALE COOPERATIVE CEMETERY COMPANY

Principal Place	of Business	Mailing Address	Mailing Address			
% PATRICIA COOLEY 3212 PEARSON RD. VALRICO FL 33594		% PATRICIA COOLEY 3212 PEARSON RD. VALRICO FL 33594-6051	3212 PEARSON RD.			
					3. Date Incorporated or Qualified 05/01/1996 3a. Date of Last Report 05/01/1996	
2. Principal Pia	ace of Business	2a. Mailing Address 26	⊢ *			4. FEI Number Applied For 59-2958383 Not Applied For
Sulte, Apt. #	#, etc.	Suite, Apt. #, etc.	<u></u>			5 Cartificate of Status Desired \$8.75 Additional
City & State		City & State				Fee Required
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	_	untry		8. This corporation has liability for intangible tax under s. 199.032,
24	25 29 30 30 9. Name and Address of Current Registered Agent		0	т		Florida Statutes Yes No 10, Name and Address of New Registered Agent
	A JAMINA MIIM LAMMINAA AL TONIO	NIE LIGHERINAN LAND		81	Name	10. Name and radiose of free neglectica regain
COOLEY,	, PATRICIA		İ	82	Street A	Address (P.O. Box Number is Not Acceptable)
3212 PEA	AR\$ON RD.		ļ		Direction	todress (F.O. Dox normber is not noceptable)
VALRICO FL 33594			ļ	83		
	I_{i} .			84	City	FL 85 Zip Code
11. Pursuant to	to the provisions of Sections 617.05	502 and 617,1508, Florida Statutes	, the a	bove.	-named c	
11. Pursuant to the provisions of Soctions 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						
	Signature, typed or printed name of registered at			d Agen	il signature re	required when reinstaling) DATE
12.	OFFICERS AT	OFFICERS AND DIRECTORS 13.		TI F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	JOSEPH, HELEN E	ביין הנינונ	1.4 TITLE 1.2 NAME			L] Change L] Addition
STREET ADDRESS	604 CLAY CT		1.B STREE		AUUBLGG	
CITY-ST-ZIP	BRANDON FL		1.9 CITY-S			
TITLE	VD	DELETE	2.4 TITLE		£11	☐ Change ☐ Addition
NAME	MARTIN, CANDI		2.2 NAME			
STREET ADDRESS	3202 LITHIA RD		2.B STREET		ADDRESS	
CITY-ST-ZIP	VALRICO FL	The section	2. 4 CITY-		[• ZiP	
TITLE	SD .	☐ DELETE	3.4 TITLE			Change Addition
NAME	DIXON, MARY ELLEN		3.P NAME			
STREET ADDRESS	1522 BLUETAIL DRIVE BRANDON FL		3.B STREET			•
CITY-ST-ZIP TITLE	TD TD	☐ DELETE	3.4. CITY - S 4.4 TITLE		1-ZIP	Change Addition
NAME	COOLEY, PATRICIA		4. 2 NAME			book viewige book viewining
STREET ADDRESS	3212 PEARSON ROAD				ADDRESS	
CITY-ST-ZIP	VALRICO FL		4.4 CITY-S			
TITLE	D	☐ DELETE	5.4 THTLE			☐ Change ☐ Addition
NAME	FOWLER, JAMES O.		5.2 NAME			
STREET ADDRESS	P.O. BOX 53 N/A		5.8 STREET		1	
CITY-ST-ZIP TITLE	DURANT FL	DELETE	5.4 CITY-ST- 6.4 TITLE		-ZIP	Change Addition
NAME	WATERS, WYLEY	_ on.cir	6.P NAME			C. J Ollarige C. Audillori
STREET ADDRESS	P.O. BOX 532 N/A		6.8 STREET		ADDRESS	
CITY-ST-ZIP	DURANT FL		6.4 CITY-S			
14. I do hereb	ov certify that the information supplied	ed with this filing does not qualify	for the	exen	notion sta	ated 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.						

FILED

May 09 1997 8:00am

Secretary of State