

FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N38113 (9)**  
 1. Corporation Name  
**BLOOMINGDALE COOPERATIVE CEMETERY COMPANY**



Principal Place of Business <b>% PATRICIA COOLEY 3212 PEARSON RD. VALRICO FL 33594</b>	Mailing Address <b>% PATRICIA COOLEY 3212 PEARSON RD. VALRICO FL 33594</b>
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3. Date Incorporated or Qualified <b>05/11/1990</b>	
4. FEI Number <b>59-2958383</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**COOLEY, PATRICIA  
3212 PEARSON RD.  
VALRICO FL 33594**

**10. Name and Address of New Registered Agent**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOSEPH, HELEN E	
STREET ADDRESS	604 CLAY CT	
CITY-ST-ZIP	BRANDON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARTIN, CANDI	
STREET ADDRESS	3202 LITHIA RD	
CITY-ST-ZIP	VALRICO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DIXON, MARY ELLEN	
STREET ADDRESS	1522 BLUETAIL DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COOLEY, PATRICIA	
STREET ADDRESS	3212 PEARSON ROAD	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOWLER, JAMES D.	
STREET ADDRESS	P.O. BOX 53 N/A	
CITY-ST-ZIP	DURANT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATERS, WYLEY	
STREET ADDRESS	P.O. BOX 532 N/A	
CITY-ST-ZIP	DURANT FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE: Patricia Cooley Date: 4-29-98  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0047558

CR2E037 (10/97)