

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am  
Secretary of State

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



|   |  |   |  |   |
|---|--|---|--|---|
| Principal Place of Business<br><b>% PATRICIA COOLEY<br/>3212 PEARSON RD.<br/>VALRICO FL 33594</b> |  | Mailing Address<br><b>% PATRICIA COOLEY<br/>3212 PEARSON RD.<br/>VALRICO FL 33594</b> |  | 3. Date Incorporated or Qualified<br><b>05/11/1990</b>  |
| 2. Principal Place of Business<br><b>21</b>   |  | 2a. Mailing Address<br><b>26</b>  |  | 4. FEI Number<br><b>59-2958383</b>  |
| Suite, Apt. #, etc.<br><b>22</b>  |  | Suite, Apt. #, etc.<br><b>27</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |
| City & State<br><b>23</b>   |  | City & State<br><b>28</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |
| Zip<br><b>24</b>  |  | Country<br><b>25</b>  |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |
| Country<br><b>29</b>  |  | Country<br><b>30</b>  |  | 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
|   |  |   |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>COOLEY, PATRICIA<br/>3212 PEARSON RD.<br/>VALRICO FL 33594</b> |  | 10. Name and Address of New Registered Agent<br><b>81</b> Name<br><b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>83</b><br><b>84</b> City <b>FL</b> <b>85</b> Zip Code |  |
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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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PD<br/>JOSEPH, HELEN E<br/>604 CLAY CT<br/>BRANDON FL</b> <input type="checkbox"/> DELETE           | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VD<br/>MARTIN, CANDI<br/>3202 LITHIA RD<br/>VALRICO FL</b> <input type="checkbox"/> DELETE          | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>SD<br/>DIXON, MARY ELLEN<br/>1522 BLUETAIL DRIVE<br/>BRANDON FL</b> <input type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>TD<br/>COOLEY, PATRICIA<br/>3212 PEARSON ROAD<br/>VALRICO FL</b> <input type="checkbox"/> DELETE    | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>FOWLER, JAMES D.<br/>P.O. BOX 53 N/A<br/>DURANT FL</b> <input type="checkbox"/> DELETE        | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>WATERS, WYLEY<br/>P.O. BOX 532 N/A<br/>DURANT FL</b> <input type="checkbox"/> DELETE          | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

CR2E037 (10/97)