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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38113

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/11/1990

4. FEI Number

59-2958383

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
JOSEPH, HELEN E
STREET ADDRESS 604 CLAY CT
CITY-STATE-ZIP BRANDON FL

TITLE ☐ DELETE

NAME VD
MARTIN, CANDI
STREET ADDRESS 3202 LITHIA RD
CITY-STATE-ZIP VALRICO FL

TITLE ☐ DELETE

NAME SD
DIXON, MARY ELLEN
STREET ADDRESS 1522 BLUETAIL DRIVE
CITY-STATE-ZIP BRANDON FL

TITLE ☐ DELETE

NAME TD
COOLEY, PATRICIA
STREET ADDRESS 3212 PEARSON ROAD
CITY-STATE-ZIP VALRICO FL

TITLE ☐ DELETE

NAME D
FOWLER, JAMES D.
STREET ADDRESS P.O. BOX 53 N/A
CITY-STATE-ZIP DURANT FL

TITLE ☐ DELETE

NAME D
WATERS, WYLEY
STREET ADDRESS P.O. BOX 532 N/A
CITY-STATE-ZIP DURANT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

Patricia A. Cooley **FILED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

Daytime Phone #

CR2E037 (11/98)