


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N38113 1. Entity Name BLOOMINGDALE COOPERATIVE CEMETERY COMPANY	
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Principal Place of Business % PATRICIA COOLEY 3212 PEARSON RD. VALRICO, FL 33594	Mailing Address % PATRICIA COOLEY 3212 PEARSON RD. VALRICO, FL 33594
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04212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2958383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOLEY, PATRICIA
3212 PEARSON RD.
VALRICO, FL 33594

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Patricia Cooley Treasurer 4-27-04
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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

000000138351
04/29/04-80118-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Cooley 4-27-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #