

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N38113

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2958383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME JOSEPH, HELEN E
STREET ADDRESS 604 CLAY CT
CITY-ST-ZIP BRANDON FL

TITLE ☐ Change ☐ Addition
NAME **1101000279790**
STREET ADDRESS **03/29/05-80003-018 61.25**
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MARTIN, CANDI
STREET ADDRESS 3202 LITHIA RD
CITY-ST-ZIP VALRICO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME DIXON, MARY ELLEN
STREET ADDRESS 1522 BLUETAIL DRIVE
CITY-ST-ZIP BRANDON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME COOLEY, PATRICIA
STREET ADDRESS 3212 PEARSON ROAD
CITY-ST-ZIP VALRICO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/05

813-681-1106

Date

Daytime Phone #