2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38113

FILED Jan 17, 2007 Secretary of State

Entity Name: BLOOMINGDALE COOPERATIVE CEMETERY COMPANY

Current Principal Place of Business: New Principal Place of Business:

3301 BLOOMINDALE AVENUE VALRICO, FL 33594

Current Mailing Address: New Mailing Address:

2714 WILDER RESERVE DRIVE PLANT CITY, FL 33566

FEI Number: 59-2958383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VIJIL, ROBERT TREAS 2714 WILDER RESERVE DRIVE PLANT CITY, FL 33566

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete LAYTON, GENE PD LAYTON, GENE PD Name: Name: 309 N PARSONS AVENUE Address: 616 HITCHING POST DRIVE Address: BRANDON, FL 33510 City-St-Zip: City-St-Zip: BRANDON, FL 33511

Title: VD () Delete Title: VD (X) Change () Addition

MARTIN, CANDI Name: POPE, DANNY Name: Address: 3202 LITHIA RD Address: 1207 HAWLEY COURT City-St-Zip: VALRICO, FL City-St-Zip: VALRICO, FL 33594

Title: () Delete Title: () Change () Addition

COOLEY, JAMES, Name: Name: 3212 PEARSON Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip:

() Delete Title: TD Title: () Change () Addition

Name: VIJIL, ROBERT TREAS Name: 2714 WILDER RESERVE DRIVE Address: Address: City-St-Zip: PLANT CITY, FL 33566 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

FOWLER, JAMES D., HANSEN, DENNIS Name: Name:

P.O. BOX 53 N/A 8909 SHALLOW CREEK LANE Address: Address:

City-St-Zip: DURANT, FL City-St-Zip: RIVERVIES, FL 33569

Title: () Delete Title: (X) Change () Addition

WATERS, WYLEY, WATERS, WYLEY. Name: Name: Address: P.O. BOX 532 N/A Address: P.O. BOX 532 N/A DURANT, FL DURANT, FL 33530 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT VIJIL **TREA** 01/17/2007

Electronic Signature of Signing Officer or Director

Date