

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38113

**Entity Name:** BLOOMINGDALE COOPERATIVE CEMETERY COMPANY

**Current Principal Place of Business:**

3301 BLOOMINGDALE AVENUE  
VALRICO, FL 33594

**Current Mailing Address:**

PO BOX 7149  
BRANDON, FL 33508 US

**FEI Number:** 59-2958383

**Certificate of Status Desired:** No

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

FOX, ROBERT VICE PRESIDENT  
2908 TIMBER KNOLL DR  
VALRICO, FL 33596 US

*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:** ROBERT FOX

01/14/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LAYTON, GENE  
Address        6012 HAMMOCK HILLS AVE  
City-State-Zip: LITHIA FL 33457

Title            DIRECTOR  
Name            COOLEY , JAMES  
Address        3212 PEARSON  
City-State-Zip: VALRICO FL 33594

Title            VP  
Name            FOX, ROBERT  
Address        2908 TIMBER KNOLL DR  
City-State-Zip: VALRICO FL 33596

Title            DIRECTOR  
Name            MARTIN, CANDI  
Address        1902 CIMMARON RUN DR  
City-State-Zip: VALRICO FL 33596

Title            DIRECTOR  
Name            GARRETT, JASON  
Address        702 NE 10TH AVE  
City-State-Zip: MULBERRY FL 33860

Title            SECRETARY  
Name            MCLEAN, TINA  
Address        2803 TIMBERWAY PLACE  
City-State-Zip: BRANDON FL 33511

Title            TREASURER  
Name            MCKENZIE, LISA  
Address        107 W ANGLEWOOD DR  
City-State-Zip: BRANDON FL 33511

Title            DIRECTOR  
Name            HERNANDEZ, NANCY  
Address        2820 BELLWOOD DR  
City-State-Zip: BRANDON FL 33511

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*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT E FOX

VICE PRESIDENT

01/14/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           ENGLISH, CYNTHIA  
Address        4017 STEARNS RD  
City-State-Zip: VALRICO FL 33596

Title           DIRECTOR  
Name           WADE, MARIA  
Address        4308 HONEYWELL RIDGE CT  
City-State-Zip: VALRICO FL 33596