

2022 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

01/31/2022

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

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	ENGLISH, CYNTHIA	Name	WADE, MARIA
Address	4017 STEARNS RD	Address	4308 HONEYWELL RIDGE CT
City-State-Zip:	VALRICO FL 33596	City-State-Zip:	VALRICO FL 33596