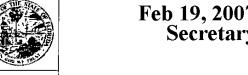
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **DOCUMENT # 700418** 1. Enlity Name OAKDALE CEMETERY ASSOCIATION

**FILED** Feb 19, 2007 08:00 AM Secretary of State



			600 W.F	THE					
Principal Plac	ce of Business	Mailing Address							
800 N. CLARA AVE. O/ 725 N. FLORIDA AVENUE 72 DELAND FL 32720 DE		OAKDALE CEMETERY 725 NORTH FLORIDA AV DELAND FL 32720 US	725 NORTH FLORIDA AVENUE DELAND FL 32720			÷			
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address			1 188111 1881	i muitti muiin dianti iimes si	-II -IIII -IIII		*****
Suile, Apt. #, etc.		Suite, Apt. #, etc.			1st MC	ORE C	R2E037 (10/0	06)	
City & State		City & State			4. FEI Number	59-0380205			olied For Applicable
Žip	Country	Zıp	Country		5. Certificate of St		□ \$8.75 Fee Re	5 Addı equired	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Reg	istered Agent		
			Name						
RRI	INNING RICHARD A		2	11	0 D. M	N			
BRUNNING, RICHARD A. 725 NORTH FLORIDA AVENUE			Sireel Address		P.O. Box Number is I	Not Acceptable)			
DEI	LAND FL 32720								
			City				FL Zip	Code	
8. The above named ontity submits this statement for the purpose of changing its registere				registere	ed agent, or both, in	the State of Flori	da. I am familiar	with, a	and accept
the obliga	lions of ragistarad agent.								
SIGNATURE.									
		end title flerohoekla (NOTE Be	naistarari Aanti eranatur	to too utad :	what in retained		DATE		
	Signature, typed or printed name of registered agent	and title if applicable (NOTE Ro	ogistored Agent signaturi	re required	when reinstating)		DATE		
		and title J applicable (NOTE Ro	· · · · · · · · · · · · · · · · · · ·			Make	<del></del>	able t	 o
	Signature, typed or printed name of registered agent		aign Financing		\$5.00 May Be Added to Fees		e Check Paya		
	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campa Trust Fund Con	aign Financing		<b>\$5.00</b> May Be Added to Fees	Florida	e Check Paya Department	of S	tate
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I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath, 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

NAME

STREET ADDRESS

CATY - ST - ZAP

MARTIN, RICHARD

DELAND FL

256 CROOKED TREE TRAIL

SIGNATURE: Kicker RICHARD A. BRUNJING 2-14-09 386-734-0626