

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90034 006 \*\*\*\*61.25

**DOCUMENT # N02000009526**

1. Entity Name  
**OAKLAND CEMETERY ASSOCIATION, INC.**



Principal Place of Business  
**5932 CAYMUS LOOP  
WINDERMERE, FL 34786**

Mailing Address  
**P.O. BOX 783806  
WINTER GARDEN, FL 34778**

**40063145**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2344774**

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

**GRIFFITH, MARK W  
5932 CAYMUS LOOP  
WINDERMERE, FL 34786**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 CROSS, PHIL  
STREET ADDRESS 410 NORTH LAKEVIEW AVENUE  
CITY-ST-ZIP WINTER GARDEN, FL 34787

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

TITLE VD ☐ Delete  
NAME SHEPARD, FRED  
STREET ADDRESS P.O. BOX 128  
CITY-ST-ZIP OAKLAND, FL 34760

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

TITLE SD ☐ Delete  
NAME ROSS, JACK  
STREET ADDRESS P.O. BOX 167  
CITY-ST-ZIP OAKLAND, FL 34760

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

TITLE TD ☐ Delete  
NAME GRIFFITH, MARK W  
STREET ADDRESS 5932 CAYMUS LOOP  
CITY-ST-ZIP WINDERMERE, FL 34786

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

TITLE D ☐ Delete  
NAME GRIFFITH, ROBERT J  
STREET ADDRESS P.O. BOX 335  
CITY-ST-ZIP OAKLAND, FL 34760

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

TITLE D ☐ Delete  
NAME VOSS, JANE  
STREET ADDRESS P.O. BOX 415  
CITY-ST-ZIP OAKLAND, FL 34760

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 exemptions contained 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/5/08*  
Date

Daytime Phone #