

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009526

FILED
Feb 21, 2009
Secretary of State

Entity Name: OAKLAND CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

5932 CAYMUS LOOP
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 783806
WINTER GARDEN, FL 34778

New Mailing Address:

FEI Number: 59-2344774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CROSS, PHIL
Address: 410 NORTH LAKEVIEW AVENUE
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD () Delete
Name: SHEPARD, FRED
Address: P.O. BOX 128
City-St-Zip: OAKLAND, FL 34760

Title: SD () Delete
Name: ROSS, JACK
Address: P.O. BOX 167
City-St-Zip: OAKLAND, FL 34760

Title: TD () Delete
Name: GRIFFITH, MARK W
Address: 5932 CAYMUS LOOP
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: GRIFFITH, ROBERT J
Address: P.O. BOX 335
City-St-Zip: OAKLAND, FL 34760

Title: D () Delete
Name: VOSS, JANE
Address: P.O. BOX 415
City-St-Zip: OAKLAND, FL 34760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARK W. GRIFFITH

TD

02/21/2009

Electronic Signature of Signing Officer or Director

Date