2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N08000006579

Entity Name: OAKLAND COMMUNITY CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

284 CHRISTY ROAD
MASCOTTE, FL 347539215

New Principal Place of Business:

Current Mailing Address:

284 CHRISTY ROAD
MASCOTTE, FL 347539215

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROOKS, PAUL
284 CHRISTY ROAD
MASCOTTE, FL 347539215 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: PCEO ( ) Delete
Name: BROOKS, PAUL
Address: 284 CHRISTY ROAD
City-St-Zip: MASCOTTE, FL 347539215

Title: V ( ) Delete
Name: ZACKERY, JOE S
Address: 418 HERRIOTT AVE.
City-St-Zip: OAKLAND PARK, FL 34760

Title: S ( ) Delete
Name: HENDERSON, ROSE
Address: 2 MASSEY AVE.
City-St-Zip: WINTER GARDEN, FL 34787

Title: T ( ) Delete
Name: SEAVERSON, EDDIE
Address: 14803 TCKNER ST.
City-St-Zip: WINTER GARDEN, FL 34787

Title: S ( ) Delete
Name: BOULDER, POLLY
Address: 543 W. OAKLAND AVE.
City-St-Zip: OAKLAND, FL 34787

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
Name:
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: PAUL BROOKS PCEO 01/09/2009
Electronic Signature of Signing Officer or Director — Date