

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38113

FILED
Apr 24, 2006
Secretary of State

Entity Name: BLOOMINGDALE COOPERATIVE CEMETERY COMPANY

Current Principal Place of Business:

% PATRICIA COOLEY
3212 PEARSON RD.
VALRICO, FL 33594

New Principal Place of Business:

3301 BLOOMINGDALE AVENUE
VALRICO, FL 33594

Current Mailing Address:

% PATRICIA COOLEY
3212 PEARSON RD.
VALRICO, FL 33594

New Mailing Address:

2714 WILDER RESERVE DRIVE
PLANT CITY, FL 33566

FEI Number: 59-2958383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOLEY, PATRICIA
3212 PEARSON RD.
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

VIJIL, ROBERT TREAS
2714 WILDER RESERVE DRIVE
PLANT CITY, FL 33566 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 VIJIL

04/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOSEPH, HELEN E
Address: 604 CLAY CT
City-St-Zip: BRANDON, FL

Title: VD () Delete
Name: MARTIN, CANDI
Address: 3202 LITHIA RD
City-St-Zip: VALRICO, FL

Title: SD () Delete
Name: DIXON, MARY ELLEN,
Address: 1522 BLUETAIL DRIVE
City-St-Zip: BRANDON, FL

Title: TD () Delete
Name: COOLEY, PATRICIA,
Address: 3212 PEARSON ROAD
City-St-Zip: VALRICO, FL

Title: D () Delete
Name: FOWLER, JAMES D.,
Address: P.O. BOX 53 N/A
City-St-Zip: DURANT, FL

Title: D () Delete
Name: WATERS, WYLEY,
Address: P.O. BOX 532 N/A
City-St-Zip: DURANT, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAYTON, GENE PD
Address: 309 N PARSONS AVENUE
City-St-Zip: BRANDON, FL 33510

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

Title: D (X) Change () Addition
Name: COOLEY, JAMES,
Address: 3212 PEARSON
City-St-Zip: VALRICO, FL 33594

Title: TD (X) Change () Addition
Name: VIJIL, ROBERT TREAS
Address: 2714 WILDER RESERVE DRIVE
City-St-Zip: PLANT CITY, FL 33566

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 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: ROBERT VIJIL

TREA

04/24/2006

Electronic Signature of Signing Officer or Director

Date