

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38113

FILED
Jan 03, 2008
Secretary of State

Entity Name: BLOOMINGDALE COOPERATIVE CEMETERY COMPANY

Current Principal Place of Business:

3301 BLOOMINGDALE AVENUE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

2714 WILDER RESERVE DRIVE
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 59-2958383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIJIL, ROBERT TREAS
2714 WILDER RESERVE DRIVE
PLANT CITY, FL 33566 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: LAYTON, GENE PD
Address: 616 HITCHING POST DRIVE
City-St-Zip: BRANDON, FL 33511

Title: VD () Delete
Name: POPE, DANNY
Address: 1207 HAWLEY COURT
City-St-Zip: VALRICO, FL 33594

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

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

Title: D () Delete
Name: HANSEN, DENNIS
Address: 8909 SHALLOW CREEK LANE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: WATERS, WYLEY,
Address: P.O. BOX 532 N/A
City-St-Zip: DURANT, FL 33530

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:

Title: D (X) Change () Addition
Name: COTARELO, ROY
Address: P.O. BOX 1733
City-St-Zip: DOVER, FL 33527

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: ROBERT VIJIL

TREA

01/03/2008

Electronic Signature of Signing Officer or Director

Date