

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90154 026 ****61.25

DOCUMENT # N40489

1. Entity Name

OLD OAKLAND CEMETERY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O LOUISE BLAND
303 S SHELBY ST
MADISON FL 32340

Ms. Louise Bland
245 Sw Shelby Ave
Madison, FL 32340-2336

LOUISE BLAND
3 SHELBY ST
MADISON FL 32340



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3037614

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

BLAND, LOUISE
303 SOUTH SHELBY STREET
MADISON FL 32340

Ms. Louise Bland
245 Sw Shelby Ave
Madison, FL 32340-2336

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE DP ☐ Delete
NAME SANDERS, TIM
STREET ADDRESS 300 SW MEETING ST.
CITY- ST- ZIP MADISON FL 32340

TITLE D ☐ Delete
NAME CARTER, ANNA H
STREET ADDRESS RT. 2, BOX 462
CITY- ST- ZIP CALLAHAN FL

TITLE DT ☐ Delete
NAME BLAND, LOUIS M
STREET ADDRESS 303 S SHELBY ST. 245 S.W. Ave.
CITY- ST- ZIP MADISON FL 32340-2336

TITLE DV ☐ Delete
NAME CARTER, BRYANT JR
STREET ADDRESS RT 2 BOX 462
CITY- ST- ZIP CALLAHAN FL

TITLE DS ☐ Delete
NAME WARNER, GWYN
STREET ADDRESS 307 W. PITTS ST.
CITY- ST- ZIP CLINTON SC 29325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 Section 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:

Louise Bland

4-20-06 850-973-6352