

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40489

FILED
Jul 13, 2009
Secretary of State

Entity Name: OLD OAKLAND CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

C/O LOUISE BLAND
303 SO SHELBY ST
MADISON, FL 32340

New Principal Place of Business:

C/O LOUISE BLAND
245 SW SHELBY AVE
MADISON, FL 32340

Current Mailing Address:

C/O LOUISE BLAND
303 SO SHELBY ST
MADISON, FL 32340

New Mailing Address:

C/O LOUISE BLAND
245 SW SHELBY AVE
MADISON, FL 32340

FEI Number: 59-3037614 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLAND, LOUISE
303 SOUTH SHELBY STREET
MADISON, FL 32340 US

Name and Address of New Registered Agent:

BLAND, LOUISE
245 SW SHELBY AVE
MADISON, FL 32340 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: _____

07/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SANDERS, TIM
Address: 300 SW MEETING ST.
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: CARTER, ANNA H
Address: RT. 2, BOX 462
City-St-Zip: CALLAHAN, FL

Title: DT () Delete
Name: BLAND, LOUIS M
Address: 245 SHELBY S.W. AVE
City-St-Zip: MADISON, FL 323402336

Title: DV () Delete
Name: CARTER, BRYANT JR
Address: RT 2 BOX 462
City-St-Zip: CALLAHAN, FL

Title: DS (X) Delete
Name: WARNER, GWYN
Address: 307 W. PITTS ST.
City-St-Zip: CLINTON, SC 29325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SANDERS, TIM
Address: 230 SW MEETING AVE
City-St-Zip: MADISON, FL 32340

Title: DS (X) Change () Addition
Name: WARNER, GWYN
Address: 307 W PITTS ST
City-St-Zip: CLINTON, SC 29325

Title: DT (X) Change () Addition
Name: BLAND, LOUISE M
Address: 245 SHELBY S.W. AVE
City-St-Zip: MADISON, FL 323402336

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: LOUISE M BLAND

TREA

07/13/2009

Electronic Signature of Signing Officer or Director

Date