

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600212

FILED
Jan 13, 2009
Secretary of State

Entity Name: STEPHENSON-NELSON FUNERAL HOME OF AVON PARK, INC.

Current Principal Place of Business:

111 E CIRCLE ST
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 193
SEBRING, FL 33871

New Mailing Address:

P.O. BOX 193
SEBRING, FL 338710193

FEI Number: 59-1059068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, C T
4001 SEBRING PARKWAY
SEBRING, FL 33870 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: NELSON, CRAIG
Address: 4001 SEBRING PKWY
City-St-Zip: SEBRING, FL 338706607

Title: V () Delete
Name: NELSON, B
Address: 4001 SEBRING PARKWAY
City-St-Zip: SEBRING, FL 33870

Title: P () Delete
Name: NELSON, C T
Address: 4001 SEBRING PARKWAY
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: NELSON, CRAIG
Address: 4001 SEBRING PKWY
City-St-Zip: SEBRING, FL 33870

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.T. NELSON

P

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date