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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38497

1. Corporation Name

AVON PARK CEMETERY ASSOCIATION

Principal Place of Business

%ROBERT HENDERSON
591 NO. HWY 27
AVON PARK FL 33825
US

Mailing Address

%ROBERT HENDERSON
29 EAST WALNUT STREET
AVON PARK FL 33825



2. Principal Place of Business

21 **Avon Park Cemetery Assoc.**

2a. Mailing Address

26 **P.O. Box 599**

3. Date Incorporated or Qualified

06/07/1990

Suite, Apt. #, etc.

22 **591 N. US 27 (Hwy)**

Suite, Apt. #, etc.

27

4. FEI Number

59-0751585

Applied For

☒ Not Applicable

City & State

23 **Avon Park Florida**

City & State

28 **Avon Park Florida**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24 **33825** 25 **Highlands**

Zip

29 **33826**

Country

30 **Highlands**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HENDERSON, ROBERT
29 EAST WALNUT STREET
AVON PARK FL 33825

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Robert Henderson President

2-3-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HENDERSON, ROBERT	
STREET ADDRESS	29 EAST WALNUT ST	
CITY-ST-ZIP	AVON PARK FL	
TITLE	V	☐ DELETE
NAME	WICKER, GERALD R	
STREET ADDRESS	301 N VERONA AVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	☐ DELETE
NAME	BORDER, GEORGE	
STREET ADDRESS	860 N. LAKE AVENUE	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	☐ DELETE
NAME	MIRACLE, THEDA	
STREET ADDRESS	64 N. HIGHLANDS AVE.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	☐ DELETE
NAME	CARABERIS, MARGARET M	
STREET ADDRESS	17N HIGHLANDS AVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	ST	☐ DELETE
NAME	TALLEY, DIANE D	
STREET ADDRESS	309 S CENTRAL AVE	
CITY-ST-ZIP	AVON PARK FL 33825	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☒ Addition
12 NAME	D. JOHN. GIDDENS
13 STREET ADDRESS	1211 E CANFIELD ST
14 CITY-ST-ZIP	Avon Park FL 33825
21 TITLE	☐ Change ☒ Addition
22 NAME	D. ANNAD. SHAW
23 STREET ADDRESS	2660 S. LAKE DENTON DR.
24 CITY-ST-ZIP	Avon Park FL 33825
31 TITLE	☐ Change ☒ Addition
32 NAME	D. FRANKLIN WELCH
33 STREET ADDRESS	804 E. CAMPBOR ST.
34 CITY-ST-ZIP	Avon Park FL 33825
41 TITLE	☐ Change ☒ Addition
42 NAME	D. EDWARD SIMONS
43 STREET ADDRESS	1214 W. CANFIELD ST.
44 CITY-ST-ZIP	Avon Park, FL 33825
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Diane D. Talley **DIANE D. Talley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-99 (941) 453-4141

Date

Daytime Phone #

CR2E037 (11/98)