# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 07, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # N38497

1. Entity Name
AVON PARK CEMETERY ASSOCIATION

Principal Place of Business
AVON PARK CEMETERAY ASSOC
591 N US 27 HWY
AVON PARK, FL 33825 US

Mailing Address
PO BOX 599
AVON PARK, FL 33826

01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-0751585
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, ROBERT
29 EAST WALNUT STREET
AVON PARK, FL 33825

**DO NOT WRITE IN THIS SPACE**

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: Robert W. Henderson 3 Feb 05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000219923
02/08/05-80045-022 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | ST |
| NAME | AKSELSEN, BETTY |
| STREET ADDRESS | 905 WEST PLEASANT ST |
| CITY-ST-ZIP | AVON PARK, FL |
| TITLE | V |
| NAME | WICKER, GERALD R |
| STREET ADDRESS | 301 N VERONE AVE |
| CITY-ST-ZIP | AVON PARK, FL 33825 |
| TITLE | D |
| NAME | BORDER, GEORGE |
| STREET ADDRESS | 860 N. LAKE AVENUE |
| CITY-ST-ZIP | AVON PARK, FL |
| TITLE | D |
| NAME | MIRACLE, THEDA |
| STREET ADDRESS | 64 N. HIGHLANDS AVE. |
| CITY-ST-ZIP | AVON PARK, FL |
| TITLE | D |
| NAME | CARABERIS, MARGARET M |
| STREET ADDRESS | 17N HIGHLANDS AVE |
| CITY-ST-ZIP | AVON PARK, FL 33825 |
| TITLE | P |
| NAME | HENDERSON, ROBERT |
| STREET ADDRESS | 29 EAST WALNUT ST |
| CITY-ST-ZIP | AVON PARK, FL 33825 |

**DO NOT WRITE IN THIS SPACE**

12. 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 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:** Robert W. Henderson Robert W. Henderson 3 Feb 05 8634534597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #