2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # N38497

1. Entity Name
AVON PARK CEMETERY ASSOCIATION

Principal Place of Business	Mailing Address
AVON PARK CEMETERAY ASSOC 591 N US 27 HWY AVON PARK, FL 33825 US	PO BOX 27 AVON PARK, FL 33826

01052007 No Chg-NP CR2E037 (4/06)

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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

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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 Lee Henderson 2/13/07
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, 2007

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

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	WELCH, FRANKLIN
STREET ADDRESS	804 EAST CAMPHOR ST
CITY-ST-ZIP	AVON PARK, FL 33825
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

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02/28/07-80043-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Betty Akselsen 2/13/07 863-453-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #