2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2008 08:00 A Secretary of State DOCUMENT # N38497 AVON PARK CEMETERY ASSOCIATION Principal Place of Business Mailing Address AVON PARK CEMETERAY ASSOC PO BOX 27 591 N US 27 HWY AVON PARK, FL 33826 AVON PARK, FL 33825 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 03012008 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 59-0751585 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENDERSON, ROBERT Street Address (P.O. Box Number is Not Acceptable) 29 EAST WALNUT STREET AVON PARK, FL 33825 City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. PRESIDENT SIGNATURE PORERT W. HENDERSON Signature, typed or printed name of registered agent and title if applicable Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing : \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change Addition AKSELSEN, BETTY NAME NAME STREET ADDRESS 905 WEST PLEASANT ST STREET ADDRESS CITY-ST-ZIP AVON PARK, FL CITY-ST-ZIP U00000980920 🗆 Change TITLE ☐ Addition ☐ Delete TITLE 04/02/08-80069-020 61.25 WICKER, GERALD R NAME NAME STREET ADDRESS 301 N VERONE AVE STREET ADDRESS CITY-ST-ZIP AVON PARK, FL 33825 CITY-ST-ZIP TITLE D Delete TITLE Change ☐ Addition WELCH, FRANKLIN NAME NAME STREET ADDRESS 804 EAST CAMPHOR ST STREET ADDRESS CITY-ST-ZIP AVON PARK, FL 33825 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition MIRACLE, THEDA NAME NAME STREET ADDRESS 64 N. HIGHLANDS AVE. STREET ADDRESS CITY-ST-ZIP AVON PARK, FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition CARABERIS, MARGARET M NAME . . NAME STREET ADDRESS 17N HIGHLANDS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVON PARK, FL 33825 TITLE ☐ Delete TITLE Change ☐ Addition NAME HENDERSON, ROBERT NAME -STREET ADDRESS 29 EAST WALNUT ST STREET ADDRESS CITY-ST-ZIP AVON PARK, FL 33825 CITY-ST-ZIP

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

3/11/08

changed, or on an attachment with an address, with all other like empowered.

FILED