

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90714 024 ****61.25

DOCUMENT # N38497

1. Entity Name

AVON PARK CEMETERY ASSOCIATION



Principal Place of Business

AVON PARK CEMETERY ASSOC
591 N US 27 HWY
AVON PARK FL 33825
US

Mailing Address

PO BOX 599
AVON PARK FL 33826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name

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

City

FL

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert Henderson

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

(NOTE: Registered Agent signature required when reinstating)

1-07-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ST**
NAME **AKSELSEN, BETTY**
STREET ADDRESS **905 WEST PLEASANT ST**
CITY-ST-ZIP **AVON PARK FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V**
NAME **WICKER, GERALD R**
STREET ADDRESS **301 N VERONE AVE**
CITY-ST-ZIP **AVON PARK FL 33825**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **BORDER, GEORGE**
STREET ADDRESS **860 N. LAKE AVENUE**
CITY-ST-ZIP **AVON PARK FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **MIRACLE, THEDA**
STREET ADDRESS **64 N. HIGHLANDS AVE.**
CITY-ST-ZIP **AVON PARK FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **CARABERIS, MARGARET M**
STREET ADDRESS **17N HIGHLANDS AVE**
CITY-ST-ZIP **AVON PARK FL 33825**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **P**
NAME **HENDERSON, ROBERT**
STREET ADDRESS **29 EAST WALNUT ST**
CITY-ST-ZIP **AVON PARK FL 33825**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Betty Akselsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-07-03 863-453-4141

CR2E037 (10/02)