

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38497

**FILED**  
**Feb 28, 2016**  
**Secretary of State**  
**CC4419169264**

**Entity Name:** AVON PARK CEMETERY ASSOCIATION

**Current Principal Place of Business:**

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

**Current Mailing Address:**

PO BOX 27  
AVON PARK, FL 33826

**FEI Number: 59-0751585**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WARD, BARBARA H  
2301 N THOMAS RD  
AVON PARK, FL 33825 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ST  
Name MENEELY, DIANA R  
Address 402 N DOVER RD  
City-State-Zip: AVON PARK FL 33825

Title D  
Name WICKER, GERALD R  
Address 301 N VERONA AVE  
City-State-Zip: AVON PARK FL 33825

Title VP  
Name WELCH, FRANKLIN  
Address 804 ARMISTEAD ST  
City-State-Zip: AVON PARK FL 33825

Title P  
Name WARD, BARBARA H  
Address 2301 N THOMAS RD  
City-State-Zip: AVON PARK FL 33825

Title D  
Name JORDON, RANDY  
Address 955 LAKE LOTELA DR  
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR  
Name LEMLER, DIANE  
Address 403 N DELANEY AVE  
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR  
Name RODGERS, IDAVA  
Address 1432 S GOLFVIEW DR  
City-State-Zip: AVON PARK FL 33825

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DIANA MENEELY**

**SECRETARY**

**02/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date