

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600212

**FILED**  
**Mar 05, 2014**  
**Secretary of State**  
**CC4475672507**

**Entity Name:** STEPHENSON-NELSON FUNERAL HOME OF AVON PARK, INC.

**Current Principal Place of Business:**

111 E CIRCLE ST  
AVON PARK, FL 33825

**Current Mailing Address:**

P.O. BOX 193  
SEBRING, FL 33871-0193 US

**FEI Number: 59-1059068**

**Certificate of Status Desired: No**

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

NELSON, CHRIS T  
4001 SEBRING PARKWAY  
SEBRING, FL 33870 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            V  
Name            NELSON, CRAIG M  
Address        4001 SEBRING PKWY  
City-State-Zip: SEBRING FL 33870

Title            T  
Name            NELSON, BRENDA J  
Address        4001 SEBRING PARKWAY  
City-State-Zip: SEBRING FL 33870

Title            P  
Name            NELSON, CHRIS T  
Address        4001 SEBRING PARKWAY  
City-State-Zip: SEBRING FL 33870

Title            S  
Name            SMITH, TIFFANY N  
Address        4001 SEBRING PARKWAY  
City-State-Zip: SEBRING FL 33870

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CRAIG M. NELSON**

**VICE PRESIDENT**

**03/05/2014**

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

\_\_\_\_\_  
Date