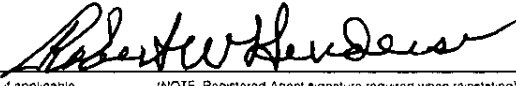


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N38497 1. Entity Name AVON PARK CEMETERY ASSOCIATION					
Principal Place of Business AVON PARK CEMETERAY ASSOC 591 N US 27 HWY AVON PARK, FL 33825 US			Mailing Address PO BOX 27 AVON PARK, FL 33826		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0751585	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HENDERSON, ROBERT 29 EAST WALNUT STREET AVON PARK, FL 33825			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 PRESIDENT ROBERT W. HENDERSON Signature, typed or printed name of registered agent and title if applicable  (NOTE: Registered Agent signature required when reinstating) 11 March 08 DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	ST AKSELSEN, BETTY 905 WEST PLEASANT ST AVON PARK, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WICKER, GERALD R 301 N VERONE AVE AVON PARK, FL 33825 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000960820 ☐ Change ☐ Addition 04/02/08-80069-020 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, FRANKLIN 804 EAST CAMPHOR ST AVON PARK, FL 33825 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRACLE, THEDA 64 N. HIGHLANDS AVE. AVON PARK, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARABERIS, MARGARET M 17N HIGHLANDS AVE AVON PARK, FL 33825 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDERSON, ROBERT 29 EAST WALNUT ST 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 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 Akelsen - BETTY AKSELSEN **SECRETARY** 3/11/08 863-463-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #