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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760123** (0)

1. Corporation Name

SORRENTO CEMETERY ASSOCIATION, INC.



Principal Place of Business C/O JAMES L. JONES BOX 1282 SORRENTO FL 32776 US	Mailing Address C/O JAMES L. JONES BOX 1282 SORRENTO FL 32776-1282 US
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3. Date Incorporated or Qualified 09/22/1981	3a. Date of Last Report 01/29/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2140510	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**JONES, JAMES J.
23423 OAK LN
SORRENTO FL 32776**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JONES, JAMES J	1.2 NAME	
STREET ADDRESS	23423 OAK LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOOLENNY, FRANK D	2.2 NAME	
STREET ADDRESS	31243 WALTON HEATH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRINDELL, ALBERT L	3.2 NAME	
STREET ADDRESS	25309 CARNOUSTIE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BEATTY, HAROLD	4.2 NAME	
STREET ADDRESS	32514 THOROBRED TR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, RAY	5.2 NAME	
STREET ADDRESS	37711 LAKE NORRIS RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JONES, DAVID M	6.2 NAME	
STREET ADDRESS	30011 COUNTY RD 437	6.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature] **DAVID M. JONES** **BRINDELL, ALBERT L** **BEATTY, HAROLD** **LEWIS, RAY** **JONES, DAVID M** **MOOLENNY, FRANK D** **JONES, JAMES J** **6-21-97** **(352) 353-4822**

CR2E037 (9/96)