

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90012 013 ****61.25

DOCUMENT # 760123 1. Entity Name SORRENTO CEMETERY ASSOCIATION, INC.					
Principal Place of Business 23305 OAK LANE SORRENTO, FL 32776 US			Mailing Address C/O JAMES L. JONES BOX 1282 SORRENTO, FL 32776 US		
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 59-2140510	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCLENNY, FRANKLIN D 31243 WALTON HEALTH AVE SORRENTO, FL 32776			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, JAMES J		NAME		
STREET ADDRESS	23423 OAK LN		STREET ADDRESS		
CITY-ST-ZIP	SORRENTO, FL 32776		CITY-ST-ZIP		
TITLE	CT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLENNY, FRANK D		NAME		
STREET ADDRESS	31243 WALTON HEATH AVE		STREET ADDRESS		
CITY-ST-ZIP	SORRENTO, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODHAM, EDWIN		NAME		
STREET ADDRESS	22936 CORONADO SOMERSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SORRENTO, FL 32776		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JONES, DAVID M		NAME	T/T Angela LANTRIP Lantrip	
STREET ADDRESS	30011 COUNTY RD 437		STREET ADDRESS	30901 Ridgecrest Terrace	
CITY-ST-ZIP	SORRENTO, FL 32776		CITY-ST-ZIP	Sorrento, FL 32776	
TITLE	STT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHER, MAGGIE		NAME	S/T Fisher, Maggie	
STREET ADDRESS	31701 LAWRENCE STREET		STREET ADDRESS	31701 Lawrence ST	
CITY-ST-ZIP	SORRENTO, FL 32776		CITY-ST-ZIP	Sorrento, FL 32776	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASHE, WILLIE		NAME	W. Ashe, Willie	
STREET ADDRESS	22719 W STATE ROAD 46		STREET ADDRESS	23608 Oak Ave	
CITY-ST-ZIP	SORRENTO, FL 32776		CITY-ST-ZIP	Sorrento, FL 32776	
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: <u>Maggie Fisher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-26-04 352/383-3403 <small>Date Daytime Phone #</small>		