

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

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

FILED  
Mar 31, 2005 08:00 AM  
Secretary of State



03122005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2140510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCLENNY, FRANKLIN D  
31243 WALTON HEALTH AVE  
SORRENTO, FL 32776

DO NOT WRITE  
IN THIS SPACE

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 *Franklin D. McClenney*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/05  
DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	JONES, JAMES J
STREET ADDRESS	23423 OAK LN
CITY-ST-ZIP	SORRENTO, FL 32776
TITLE	CT
NAME	MCCLENNY, FRANK D
STREET ADDRESS	31243 WALTON HEATH AVE
CITY-ST-ZIP	SORRENTO, FL
TITLE	T
NAME	WOODHAM, EDWIN
STREET ADDRESS	22936 CORONADO SOMERSET DRIVE
CITY-ST-ZIP	SORRENTO, FL 32776
TITLE	T
NAME	LANTRIP, ANGELA
STREET ADDRESS	30901 RIDGECREST TERR.
CITY-ST-ZIP	SORRENTO, FL 32776
TITLE	ST
NAME	FISHER, MAGGIE
STREET ADDRESS	31701 LAWRENCE STREET
CITY-ST-ZIP	SORRENTO, FL 32776
TITLE	T
NAME	ASHE, WILLIE
STREET ADDRESS	23608 OAK AVE.
CITY-ST-ZIP	SORRENTO, FL 32776

U00000281888  
03/31/05-80019-024 61.25

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Maggie Fisher*

3-12-2005