


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90063 033 ****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 Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address <i>To Maggie K. Fisher</i> Suite, Apt. #, etc. <i>P.O. Box 1282</i> City & State <i>Sorrento, Fl.</i> Zip Country <i>32776 Lake</i>		
4. FEI Number 59-2140510			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MCCLENNY, FRANKLIN D 31243 WALTON HEALTH AVE SORRENTO, FL 32776			7. Name and Address of New Registered Agent 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: <i>Franklin D. McClenny</i> <i>Franklin D. McClenny</i> <i>02/11/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	T JONES, JAMES J 23423 OAK LN SORRENTO, FL 32776	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lantrip, Angela 31050 Swan Rd Sorrento, Fl. 32776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT MCCLENNY, FRANK D 31243 WALTON HEATH AVE SORRENTO, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Langford, Joy 4759 plymouth-Sorrento Rd Apopka, Fl. 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODHAM, EDWIN 22936 CORONADO SOMERSET DRIVE SORRENTO, FL 32776	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Burford, Tom 22535 Wolf Branch Rd Sorrento, Fl. 32776	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANTRIP, ANGELA 30901 RIDGECREST TERR. SORRENTO, FL 32776	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT mcclenny Franklin D. 31243 Walton Heath Ave Sorrento, Fl. 32776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FISHER, MAGGIE 31701 LAWRENCE STREET SORRENTO, FL 32776	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASHE, WILLIE 23608 OAK AVE. SORRENTO, FL 32776	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Maggie Fisher</i> <i>Maggie Fisher</i> <i>2-11-2006</i> <i>352/383-3403</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #</small>					