


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90199 047 ****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 MAGGIE K. FISHER PO BOX 1282 SORRENTO, FL 32776 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04162007 Chg-NP CR2E037 (12/06)	
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 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. McHenry</i> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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	T/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANTRIP, ANGELA		NAME	Lantrip, Angela	
STREET ADDRESS	31050 SWAN RD		STREET ADDRESS	2129 Wolf Ridge Lane	
CITY-ST-ZIP	SORRENTO, FL 32776		CITY-ST-ZIP	Mt. Dora, Fl. 32757	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGFORD, JOY		NAME	Boyd, Wayne	
STREET ADDRESS	4759 PLYMOUTH		STREET ADDRESS	22902 Coronado Somerset Dr.	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	Sorren to, Fl. 32776	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURFORD, TOM		NAME		
STREET ADDRESS	22535 WOLF BRANCH RD		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, FRANKLIN D		NAME		
STREET ADDRESS	31243 WALTON HEATH AVE		STREET ADDRESS		
CITY-ST-ZIP	SORRENTO, FL 32776		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, MAGGIE		NAME		
STREET ADDRESS	31701 LAWRENCE STREET		STREET ADDRESS		
CITY-ST-ZIP	SORRENTO, FL 32776		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Woodham, Edwin	
STREET ADDRESS			STREET ADDRESS	22936 Coronado Somerset Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Sorren to, Fl. 32776	
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 K. Fisher</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-16-07 352/383-3403 Date Daytime Phone #		