

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760123

FILED  
Feb 11, 2008  
Secretary of State

**Entity Name:** SORRENTO CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

23305 OAK LANE  
SORRENTO, FL 32776 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MAGGIE K. FISHER  
PO BOX 1282  
SORRENTO, FL 32776 US

**New Mailing Address:**

**FEI Number:** 59-2140510      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TT ( ) Delete  
Name: LANTRIP, ANGELA  
Address: 2129 WOLF RIDGE LANE  
City-St-Zip: MOUNT DORA, FL 32757

Title: T ( ) Delete  
Name: BOYD, WAYNE  
Address: 22902 CORONADO SOMERSET DR  
City-St-Zip: SORRENTO, FL 32776

Title: T (X) Delete  
Name: BURFORD, TOM  
Address: 22535 WOLF BRANCH RD  
City-St-Zip: SORRENTO, FL 32776

Title: CT ( ) Delete  
Name: MCCLENNY, FRANKLIN D  
Address: 31243 WALTON HEATH AVE  
City-St-Zip: SORRENTO, FL 32776

Title: ST ( ) Delete  
Name: FISHER, MAGGIE  
Address: 31701 LAWRENCE STREET  
City-St-Zip: SORRENTO, FL 32776

Title: ST ( ) Delete  
Name: WOODHAM, EDWIN  
Address: 22936 CORONADO SUMERSET DR  
City-St-Zip: SORRENTO, FL 32776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TT (X) Change ( ) Addition  
Name: LANTRIP, ANGELA  
Address: 24223 WELBON DRIVE  
City-St-Zip: EUSTIS, FL 32736

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGGIE FISHER

SEC

02/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date