

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90237 017 \*\*\*\*\*61.25

0072804

**DOCUMENT # 760123**

1. Entity Name

**SORRENTO CEMETERY ASSOCIATION, INC.**



Principal Place of Business

C/O JAMES L. JONES  
BOX 1282  
SORRENTO FL 32776  
US

Mailing Address

C/O JAMES L. JONES  
BOX 1282  
SORRENTO FL 32776  
US

2. Principal Place of Business

**23305 Oak Lane**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Sorrento, FL**

City & State

Zip

**32776**

Country

**LAKE**

Zip

Country

4. FEI Number **59-2140510**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCCLENNY, FRANK D**  
**31243 WALTON HEALTH AVE**  
**SORRENTO FL 32776**

7. Name and Address of New Registered Agent

Name **Franklin D. McClenny**  
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

**Franklin D. McClenny**

DATE

**4-10-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, JAMES J	
STREET ADDRESS	23423 OAK LN	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	CT	<input type="checkbox"/> Delete
NAME	MCCLENNY, FRANK D	
STREET ADDRESS	31243 WALTON HEALTH AVE	
CITY-ST-ZIP	SORRENTO FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, RAY	
STREET ADDRESS	37711 LAKE NORRIS RD.	
CITY-ST-ZIP	EUSTIS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, DAVID M	
STREET ADDRESS	30011 COUNTY RD 437	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	STT	<input type="checkbox"/> Delete
NAME	FISHER, MAGGIE	
STREET ADDRESS	31701 LAWRENCE STREET	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	T	<input type="checkbox"/> Delete
NAME	ASHE, WILLIE	
STREET ADDRESS	22719 W STATE ROAD 46	
CITY-ST-ZIP	SORRENTO FL 32776	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwin Woodham	
STREET ADDRESS	22936 Coronado Somerset Drive	
CITY-ST-ZIP	Sorrento, FL 32776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**Franklin D. McClenny**

**4-10-2003**

CR2E037 (10/02)