FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727898 (9)

1. Corporation Name

SUNNY HILLS CHAPEL OF SUNNY HILLS, INC.

Principal Place of Business	Mailing Address
C/O JESSIE OWENS RT. 4. BOX 186 CHIPLEY FL 32428	C/O JESSIE OWENS RT. 4. BOX 186 CHIPLEY FL 32428

3. Date Incorporated or Qualified: 10/30/1973

3a. Date of Last Report: 03/08/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-2444782 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VICKERY JAMES
~~619 S 6TH ST~~
~~P O DRAWER 10~~
~~CHIPLEY FL 32428~~

10. Name and Address of New Registered Agent

81 Name: George R Cooper

82 Street Address (P.O. Box Number is Not Acceptable): Rt 4 Highway 77 Box 243.

83:

84 City: Chipley Florida FL 85 Zip Code: 32428

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: George R Cooper PASTER
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

DATE: 4-4-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	~~VICKERY JAMES~~		12 NAME		
STREET ADDRESS	~~619 S 6TH ST P O DRAWER 10~~		13 STREET ADDRESS		
CITY-ST-ZIP	~~CHIPLEY FL~~		14 CITY-ST-ZIP		
TITLE	T	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	OWENS, JESSIE		22 NAME		
STREET ADDRESS	ROUTE 4, HIGHWAY 77		23 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL		24 CITY-ST-ZIP		
TITLE	S	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	VAUGHT JO ANN		32 NAME		
STREET ADDRESS	ROUTE 2 BOX 180C		33 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	HOOD, JAMES		42 NAME		
STREET ADDRESS	ROUTE 4, HIGHWAY 77		43 STREET ADDRESS	400001771614	
CITY-ST-ZIP	CHIPLEY FL		44 CITY-ST-ZIP	-04/08/96--01017--004	
TITLE	D	☐ DELETE	51 TITLE	***61.25	☐ Change ☐ Addition
NAME	MILLER, W T		52 NAME		
STREET ADDRESS	ROUTE 2, HIGHWAY 77		53 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	S Wilma Wilsingham		62 NAME		
STREET ADDRESS	Wausau Fl Highway 77		63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Jessie Owens — 3-26-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JESSIE OWENS