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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 166~~ 4311 HWY 77 CHIPLEY FL 32428	C/O JESSIE OWENS ~~RT. 4 BOX 166~~ 4311 HWY 77 CHIPLEY FL 32428

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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

COOPER, GEORGE R.
RT. 4 HIGHWAY 77
BOX 243
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

61 Name: Alice Crutchfield
62 Street Address (P.O. Box Number is Not Acceptable): 559 Davis ST.
83 Chipley
84 City 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: Alice Crutchfield 559 DAVIS St Chipley FL 12-21-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	~~S~~	☐ DELETE
NAME	~~WILSINGHAM, WILMA~~	
STREET ADDRESS	~~ROUTE 4, HIGHWAY 77~~	
CITY-ST-ZIP	~~CHIPLEY FL~~	
TITLE	T	☐ DELETE
NAME	OWENS, JESSIE	
STREET ADDRESS	ROUTE 4, HIGHWAY 77	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	~~O~~	☐ DELETE
NAME	~~HOOD, JAMES~~	
STREET ADDRESS	~~ROUTE 4, HIGHWAY 77~~	
CITY-ST-ZIP	~~CHIPLEY FL~~	
TITLE	D	☐ DELETE
NAME	MILLER, W T	
STREET ADDRESS	ROUTE 2, HIGHWAY 77	
CITY-ST-ZIP	CHIPLEY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☑ Addition
1.2 NAME	Leo Moody	
1.3 STREET ADDRESS	PANAMA CITY FL HWY 389	
1.4 CITY-ST-ZIP	3120 EAST AV. ~~Rd~~	
2.1 TITLE	D	☐ Change ☑ Addition
2.2 NAME	J A Snowden	
2.3 STREET ADDRESS	1586 Ledger Rd Chipley Fla 32428	
2.4 CITY-ST-ZIP		
3.1 TITLE	D	☐ Change ☑ Addition
3.2 NAME	Henry Roper	
3.3 STREET ADDRESS	P.O. Box 1018 Youngstown Fla 32466	
3.4 CITY-ST-ZIP	6N37 Buckingham Rd St	
4.1 TITLE	D	☐ Change ☑ Addition
4.2 NAME	Martin E Johns	
4.3 STREET ADDRESS	P.O. Box 138 18017 Pine Grove Road	
4.4 CITY-ST-ZIP	Fountain, Fla. 32438	
5.1 TITLE	S	☑ Change ☐ Addition
5.2 NAME	Juanita Johns	
5.3 STREET ADDRESS	P.O. Box 138 18017 pinegrove Road	
5.4 CITY-ST-ZIP	Fountain, Fla. 32438	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 Jessie Owens 2-16-98