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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727898

1. Corporation Name

SUNNY HILLS CHAPEL OF SUNNY HILLS, INC.

Principal Place of Business	Mailing Address
C/O JESSIE OWENS 4311 HWY 77 CHIPLEY FL 32428 US	C/O JESSIE OWENS 4311 HWY 77 CHIPLEY FL 32428 US

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

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

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

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

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

9. Name and Address of Current Registered Agent

CRUTCHFIELD, ALICE
559 DAVEN ST
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	MODDEX, LEO		1.2 NAME	Billy Johns	
STREET ADDRESS	3120 EAST AVE		1.3 STREET ADDRESS	P.O. Box 1HS	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	Fountain FL 32438	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OWENS, JESSIE		2.2 NAME		
STREET ADDRESS	ROUTE 4, HIGHWAY 77		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SNOWDEN, J.A.		3.2 NAME		
STREET ADDRESS	1586 LEDGER RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL 32428		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, W T		4.2 NAME		
STREET ADDRESS	ROUTE 2, HIGHWAY 77		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNS, JUANITA		5.2 NAME		
STREET ADDRESS	P.O. BOX 138 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	FOUNTIAN FL 32438		5.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNS, MARTIN E		6.2 NAME		
STREET ADDRESS	P.O. BOX 1138 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	FOUNTIAN FL 32438		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Jessie Owens SIGNATURE REQUIRED 1-28-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JESSIE OWENS