

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90036 050 ****61.25

DOCUMENT # 727898

1. Entity 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 32428-4978
 US

00017651

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2444782

Applied For

Not Applied For

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUTCHFIELD, ALICE
559 DAVEY ST
CHIPLEY FL 32428

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JOHNS, BILLY**
 CITY-ST-ZIP **P.O. BOX 145**
FOUNTAIN FL 32438

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **OWENS, JESSIE**
 CITY-ST-ZIP **ROUTE 4, HIGHWAY 77**
CHIPLEY FL

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SNOWDEN, J.A.**
 CITY-ST-ZIP **1586 LEDGER RD**
CHIPLEY FL 32428

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **JOHNS, JUANITA**
 CITY-ST-ZIP **P.O. BOX 138 N/A**
FOUNTAIN FL 32438

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **JOHNS, MARTIN E**
 CITY-ST-ZIP **P.O. BOX 1138 N/A**
FOUNTAIN FL 32438

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **LEO MADDIX**
 STREET ADDRESS **3120 EAST AVE**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ Change ☐
 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUCENS JESSIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-2000

Date

Daytime Phone #