2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # 727898** 1. Entity Name SUNNY HILLS CHAPEL OF SUNNY HILLS, INC. 01-30-2001 90011 027 ****61.25 Mailing Address Principal Place of Business C/O JESSIE OWENS C/O JESSIE OWENS 4311 HWY 77 4311 HWY 77 CHIPLEY FL 32428 CHIPLEY FL 32428 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2444782 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CRUTCHFIELD, ALICE 559 DAVEN ST CHIPLEY FL 32428 8. The above named entity submits this statement for the purpose of changing its registered office or registered ages t, or both, in the state of Florida (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be П Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. DLEO, mallox 3/20 East pul CR2E037 (10/00) Change ☐ Addition TITLE TITLE Delete JOHNS, BILLY NAME NAME panama eity FL 32 HOS P.O. BOX 145 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FOUNTAIN FL 32438 Henry Rogers from DR 6437 Buckens from DR Youngstown Fr Janub Change ☐ Addition ☐ Delete TITLE TITLE NAME OWENS, JESSIE .. NAME STREET ADDRESS **ROUTE 4, HIGHWAY 77** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHIPLEY FL Spracil maddex 3120 East apl ☑ Change ■ Addition ☐ Delete TITLE TITLE SNOWDEN, J.A. NAMÉ NAME panama City FL 32 HOS STREET ADDRESS STREET ADDRESS 1586 LEDGER RD CITY-ST-ZIP CITY-ST-7IP CHIPLEY FL 32428 ☐ Change ☐ Addition Delete TITLE TITLE JOHNS, JUANITA NAME NAME P.O. BOX / 38-N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FOUNTIÁN FL 32438 ☐ Delete ☐ Change ☐ Addition TITLE TITLE JOHNS, MARTIN E NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1138 N/A CITY-ST-ZIP CITY-ST-ZIP FOUNTIAN FL 32438 ☐ Addition TITLE □ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Daytime Phone #