# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 05, 2005 8:00 am**
**Secretary of State**
04-05-2005 90053 015 ****61.25

DOCUMENT # 727898

1. Entity Name
SUNNY HILLS CHAPEL OF SUNNY HILLS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O JESSIE OWENS<br>4311 HWY 77<br>CHIPLEY, FL 32428 US | C/O JESSIE OWENS<br>4311 HWY 77<br>CHIPLEY, FL 32428 US |

04022005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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

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 |
|---|---|
| HOLMER, WILLIAM E<br>721 BRIDGEYARD ROAD<br>CHIPLEY, FL 32428 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $61.25**
**Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>MADDOX, LEO<br>3120 EAST AVENUE<br>PANAMA CITY, FL 32405 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | $JESSIE OWENS<br>4311 HWY 77<br>CHIPLEY FL 32428 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>OWENS, JESSIE<br>ROUTE 4, HIGHWAY 77<br>CHIPLEY, FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S REBECCA TOOKE<br>2535 HWY 2<br>BONIFAY FL 32425 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HOLMAN, EDDY<br>729 BRICKYARD RD.<br>CHIPLEY, FL 32428 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOLMAN, REBAC<br>948 ALICIA LANE<br>CHIPLEY, FL 32428 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D HENRY ROGERS<br>6437 BUCKINGHAM DR<br>YOUNGSTOWN FL 32466 2127 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D J.A. SNOWDEN<br>1586 LEDGER RD<br>CHIPLEY FL 32428 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** JessieOwens JESSIE OWENS 4-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #