

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90184 035 \*\*\*\*61.25

|                                                                                       |                                                                                   |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 727898</b><br>1. Entity Name<br>SUNNY HILLS CHAPEL OF SUNNY HILLS, INC. |  |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br>C/O JESSIE OWENS<br>4311 HWY 77<br>CHIPLEY, FL 32428 US | Mailing Address<br>C/O JESSIE OWENS<br>4311 HWY 77<br>CHIPLEY, FL 32428 US |
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01182006 No Chg-NP CR2E037 (11/05)

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>59-2444782                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HOLMER, WILLIAM E  
721 BRIDGEYARD ROAD  
CHIPLEY, FL 32428

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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 \_\_\_\_\_

|                                                     |                                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                |                                                                      |
|------------------------------------------------|----------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>OWENS, JESSIE<br>4311 HWY 77<br>CHIPLEY, FL 32428               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>TOOLE, REBECCA<br>2535 HWY 2<br>BONIFAY, FL 32425               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HOLMAN, EDDY<br>729 BRICKYARD RD.<br>CHIPLEY, FL 32428          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROGERS, HENRY<br>6437 BUCKINGHAM DR<br>YOUNGSTOWN, FL 324662127 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SNOWDEN, J A<br>1586 LEDGER RD<br>CHIPLEY, FL 32428             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CHARLES, JOHNS<br>1507 EVERETT RD<br>CHIPLEY FL 32428           |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Jessie Owens Jessie Owens 3-4-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #