


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 730501 1. Entity Name SUNNY HILLS VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 3681 GABLES BLVD CHIPLEY, FL 32428-2905 US				Mailing Address 3681 GABLES BLVD CHIPLEY, FL 32428-2905 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 23-7446544 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KIRK, MARK 1721 HAVERHILL DRIVE CHIPLEY, FL 32428	
7. Name and Address of New Registered Agent Name PERRY BEOTE Street Address (P.O. Box Number is Not Acceptable) 1774 SALEM DRIVE City CHIPLEY FL Zip Code 32428				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 PERRY BEOTE <i>[Signature]</i> 4/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	SEC EKERLY, MARGARET 4166 EASTBROOK DR CHIPLEY, FL 32428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PERRY BEOTE 1774 SALEM DR CHIPLEY, FL 32428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEIGART, EDWARD 3980 QUAIL CT CHIPLEY, FL 32428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER MARGARET EKERLY 4166 EASTBROOK DR CHIPLEY, FL 32428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRK, MARK 1721 HAVERHILL DR CHIPLEY, FL 32428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERDUE, DIANE 2436 WOOD RD CHIPLEY, FL 32428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PERRY BEOTE 1774 SALEM DR CHIPLEY, FL 32428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B. 6/12/07	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

FILED

07 JUN 12 PM 2:49

SECRETARY OF
TA
4/27/07 90183 032 70-00
04032007 Chg-NP CR2E037 (12/06)