


FILE NOW: FILING FEE IS \$61.25

FILED

**May 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 770762 (3)

1. Corporation Name
SUNNY HILLS COMMUNITY CHURCH (PRESBYTERIAN), INC

Principal Place of Business 3788 COUNTRY CLUB BLVD SUNNY HILLS FL 32428 US	Mailing Address 3788 COUNTRY CLUB BLVD SUNNY HILLS FL 32428 US
--	--

3. Date Incorporated or Qualified
10/17/1983

4. FEI Number
59-2369345

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**PARISH, ROLAND
1014 DABRY DRIVE
SUNNY HILLS FL 32428**

10. Name and Address of New Registered Agent

81 Name	PAUL, DAN
82 Street Address (P.O. Box Number is Not Acceptable)	4044 FAIRBANKS DR
83	
84 City	SUNNY HILLS FL
85 Zip Code	32428

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAHART, PAM	
STREET ADDRESS	2051 POSEY ACRES RD	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, VIRGINIA	
STREET ADDRESS	1889 SUNNY HILLS BLVD	
CITY-ST-ZIP	SUNNY HILLS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARISH, ROLAND	
STREET ADDRESS	1635 VELVET DR	
CITY-ST-ZIP	SUNNY HILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL, DAN	
STREET ADDRESS	4044 FAIRBANKS DR	
CITY-ST-ZIP	SUNNY HILLS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWITZER, BARBARA	
STREET ADDRESS	3915 COUNTRY CLUB BLVD	
CITY-ST-ZIP	SUNNY HILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRACY, LOUIS	
STREET ADDRESS	3889 BELMAR PLACE	
CITY-ST-ZIP	SUNNY HILLS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SWITZER, EVERT
3.3 STREET ADDRESS	3915 COUNTRY CLUB BLVD
3.4 CITY-ST-ZIP	SUNNY HILLS FL 32428
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PAULINE PAYER
5.3 STREET ADDRESS	1534 ALDORO CIRCLE
5.4 CITY-ST-ZIP	SUNNY HILLS FL 32428
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/5/98

CR2E037 (10/97)