

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90106 050 \*\*\*\*61.25

**DOCUMENT # 770762**

1. Entity Name

**SUNNY HILLS COMMUNITY CHURCH (PRESBYTERIAN), INC**

Principal Place of Business

Mailing Address

3768 COUNTRY CLUB BLVD  
 SUNNY HILLS FL 32428  
 US

3768 COUNTRY CLUB BLVD  
 SUNNY HILLS FL 32428-2710  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2369345**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PAUL, DAN**  
**4044 FAIRBANKS DRIVE**  
**SUNNY HILLS FL 32428**

Name

*Evert Switzer*

Street

*3915 Country Club Boulevard*

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.

SIGNATURE

*Evert Switzer*

Signature, typed or printed name of registered agent and applicable.

(NOTE: Registered Agent signature required when reinstating)

*02/01/00*

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LAHART, PAM</b> <b>2051 POSEY ACRES RD</b> <b>CHIPLEY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARTER, VIRGINIA</b> <b>1669 SUNNY HILLS BLVD</b> <b>SUNNY HILLS FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SWITZER, EVERT</b> <b>3915 COUNTRY CLUB BLVD</b> <b>SUNNY HILLS FL 32428</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAUL, DAN</b> <b>4044 FAIRBANKS DR</b> <b>SUNNY HILLS FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAYTER, PAULINE</b> <b>1534 ALDORO CIRCLE</b> <b>SUNNY HILLS FL 34248</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KNEISS, DICK</b> <b>750 HUTCHINSON ROAD</b> <b>CHIPLEY FL 32428</b>	<input 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	<i>Duerbeck, Margaret</i> <i>1754 Salem Drive</i> <i>Chipley FL 32428</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

*SIGNATURE OF PAUL DAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*850-773-2513*

CR2E037 (9/99)