

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

0016396

DOCUMENT # 770762

1. Entity Name

SUNNY HILLS COMMUNITY CHURCH (PRESBYTERIAN), INC

04-13-2001 90083 033 ****61.25

Principal Place of Business

3768 COUNTRY CLUB BLVD
 SUNNY HILLS FL 32428
 US

Mailing Address

3768 COUNTRY CLUB BLVD
 SUNNY HILLS FL 32428
 US



DO NOT WRITE IN THIS SPACE

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

SWITZER, EVERT
 3915 COUNTRY CLUB BVD
 CHIPLEY FL 32428

Name **Mikel Gossman**
 Street Address (P.O. Box Number is Not Acceptable)
3660 Moss Hill Road
Vernon, FL 32462
 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.

SIGNATURE *Mikel Gossman*

4-5-01

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

(NOTE: Registered Agent signature required when reinstating)

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 Delete
 NAME **SD LAHART, PAM**
 STREET ADDRESS **2051 POSEY ACRES RD**
 CITY-ST-ZIP **CHIPLEY FL**

TITLE Change Addition
 NAME **D Paulette Heck**
 STREET ADDRESS **P.O. Box 712, Vernon FL 32462**
 CITY-ST-ZIP

TITLE Delete
 NAME **D DUERBECK, MARGARET**
 STREET ADDRESS **1754 SALEM DR**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SWITZER, EVERT**
 STREET ADDRESS **3915 COUNTRY CLUB BLVD**
 CITY-ST-ZIP **SUNNY HILLS FL 32428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D PAYTER, PAULINE**
 STREET ADDRESS **1534 ALDORO CIRCLE**
 CITY-ST-ZIP **SUNNY HILLS FL 32428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KNEISS, DICK**
 STREET ADDRESS **750 HUTCHINSON ROAD**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Margaret E. Duerbeck*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4-6-01* (850) 773-3379
 Daytime Phone #

CR2E037 (10/00)