


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90288 018 \*\*\*\*61.25

<b>DOCUMENT # 770762</b>					
1. Entity Name <b>SUNNY HILLS COMMUNITY CHURCH (PRESBYTERIAN), INC.</b>					
Principal Place of Business 3768 COUNTRY CLUB BLVD SUNNY HILLS, FL 32428 US			Mailing Address 3768 COUNTRY CLUB BLVD SUNNY HILLS, FL 32428 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01182004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2369345	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOSSMAN, MIKEL 3660 MOSS HILL RD VERNON, FL 32462			Name <i>Nyholm, Robert</i> Street Address (P.O. Box Number is Not Acceptable) <i>4013 Chapel Ave</i> City <i>Chipley</i> FL Zip Code <i>32428</i>		
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 <i>Robert Nyholm</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNER, JOHN M		NAME		
STREET ADDRESS	3435 SYFRETT ROAD		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUERBECK, MARGARET		NAME		
STREET ADDRESS	1754 SALEM DR		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAYTER, PAULINE		NAME	<i>2150 Sunny Hills Blvd.</i>	
STREET ADDRESS	<del>4534 ALDORO CIRCLE</del>		STREET ADDRESS		
CITY-ST-ZIP	<del>CHIPLEY, FL 32428</del>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NYHOLM, ROBERT		NAME		
STREET ADDRESS	4013 CHAPEL AVE		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNEIDER, ALICE		NAME		
STREET ADDRESS	1691 UNION COURT		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<i>Parkman, Doris</i>	
STREET ADDRESS			STREET ADDRESS	<i>1791 Tranquil Court</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Chipley FL 32428</i>	
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: <i>John M. Turner</i> JOHN M. TURNER 4-6-04 (850) 773-3211					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					