


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90034 035 ****61.25

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



Principal Place of Business Mailing Address

3768 COUNTRY CLUB BLVD 3768 COUNTRY CLUB BLVD
 SUNNY HILLS, FL 32428 US SUNNY HILLS, FL 32428 US

00027116



01182005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2369345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~NYHOLM, ROBERT~~ *Parkman, Doris V.*
~~4043 CHAPEL AVE~~ *1791 Tranquil Court*
~~CHIPLEY, FL 32428~~ *Chipley, FL 32428*

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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 *Doris V. Parkman* *President* *Mar. 14, 2005* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURNER, JOHN M 3435 SYFRETT ROAD CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Treasurer</i> DUERBECK, MARGARET 1754 SALEM DR CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director PAYTER, PAULINE 2150 SUNNY HILLS BLVD. CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <i>Nyholm, Irene</i> NYHOLM, ROBERT <i>4043 Chapel Ave.</i> 4043 CHAPEL AVE <i>Chipley, FL 32428</i> CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President PARKMAN, DORIS 1791 TRANQUIL COURT CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Brooks, Florence; Vice President</i> 449.5 Hancock Court Chipley, FL 32428

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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: *John M Turner* *John M Turner, Secretary 3-14-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #