

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **769129** (8)  
1. Corporation Name  
**COLLEGE HEIGHTS UNITED METHODIST CHURCH, INC.**



Principal Place of Business: **942 SOUTH BLVD. LAKELAND FL 33803 US**  
Mailing Address: **942 SOUTH BLVD. LAKELAND FL 33803 US**

3. Date incorporated or Qualified: **06/27/1983**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-0668475**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**SELPH, STEVEN L.  
5618 OLD SCOTT LAKE ROAD  
LAKELAND FL 33813**

10. Name and Address of New Registered Agent  
81 Name: **Garrett, Howardene G.**  
82 Street Address (P.O. Box Number is Not Acceptable): **1911 Cherokee Trail**  
83  
84 City: **Lakeland** FL 85 Zip Code: **33803**

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: *Howardene Garrett* **Howardene Garrett** DATE: **1/22/96**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		
TITLE	<b>COC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SELPH, STEVEN L.</b>	
STREET ADDRESS	<b>5618 OLD SCOTT LAKE ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>COC</b>	<input type="checkbox"/> DELETE
NAME	<b>GABLE, DON C</b>	
STREET ADDRESS	<b>4444 US HWY 98 N., #273</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NORGARD, ANDREA B</b>	
STREET ADDRESS	<b>4968 TRADITION DR</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BERRY, BEVERLY C</b>	
STREET ADDRESS	<b>1130 N. LAKE PARKER AVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VANDERSLICE, ROBERT K</b>	
STREET ADDRESS	<b>6527 FORESTWOOD DR., W</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHEARER, JANET</b>	
STREET ADDRESS	<b>8 CASA LOMA WAY</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>D/S</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Garrett, Howardene G.</b>	
1.3 STREET ADDRESS	<b>1911 Cherokee Trail</b>	
1.4 CITY-ST-ZIP	<b>Lakeland FL 33803</b>	
2.1 TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Downard, Allen F.</b>	
2.3 STREET ADDRESS	<b>3008 Redwood Ave.</b>	
2.4 CITY-ST-ZIP	<b>Lakeland FL 33803</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Runter, Richard F.</b>	
3.3 STREET ADDRESS	<b>746 S. Mississippi Ave.</b>	
3.4 CITY-ST-ZIP	<b>Lakeland FL 33801</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Howardene Garrett* **Howardene Garrett** DATE: **1/22/96** (941) 531-5010  
Signature and typed or printed name of signing officer or director. Day/Time Phone #

CR2E037 (12/95)