

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33803-1159 US
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3. Date Incorporated or Qualified 06/27/1983	3a. Date of Last Report 01/29/1996
4. FEI Number 59-0668475	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Country
27. Zip	28. Country

9. Name and Address of Current Registered Agent

**GARRETT, HOWARDENE G
1911 CHEROKEE TRAIL
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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* DATE: **1-29-97**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARRETT, HOWARDENE G		1.2 NAME	
STREET ADDRESS 1911 CHEROKEE TRAIL		1.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL		1.4 CITY-ST-ZIP	
TITLE COC	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GABLE, DON C		2.2 NAME	
STREET ADDRESS 4444 US HWY 98 N., #273		2.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL		2.4 CITY-ST-ZIP	
TITLE DP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DOWNARD, ALLEN F		3.2 NAME Stephen W. Montgomery	
STREET ADDRESS 3008 REDWOOD AVE		3.3 STREET ADDRESS 1124 Prince Place	
CITY-ST-ZIP LAKELAND FL		3.4 CITY-ST-ZIP Lakeland FL 33813	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BERRY, BEVERLY C		4.2 NAME Sarah D. McKay	
STREET ADDRESS 1130 N. LAKE PARKER AVE		4.3 STREET ADDRESS 2214 Collins Lane	
CITY-ST-ZIP LAKELAND FL		4.4 CITY-ST-ZIP Lakeland FL 33803	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VANDERSLICE, ROBERT K		5.2 NAME	
STREET ADDRESS 6527 FORESTWOOD DR., W		5.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HUNTER, RICHARD F		6.2 NAME	
STREET ADDRESS 746 S MISSISSIPPI AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL		6.4 CITY-ST-ZIP	

14. I do 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 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* DATE: **1-29-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0052596

CR2E037 (9/96)