

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 05 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>942 SOUTH BLVD. LAKELAND FL 33803 US</b>	Mailing Address <b>942 SOUTH BLVD. LAKELAND FL 33803 US</b>
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3. Date Incorporated or Qualified <b>06/27/1983</b>		
4. FEI Number <b>59-0668475</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

**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
	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DS	<input type="checkbox"/> DELETE
NAME	GARRETT, HOWARDENE G	
STREET ADDRESS	1911 CHEROKEE TRAIL	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GABLE, DON C	
STREET ADDRESS	4444 US HWY 98 N., #273	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, STEPHEN W.	
STREET ADDRESS	1124 PRINCE PLACE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MCKAY, SARAH D.	
STREET ADDRESS	2214 COLLINS LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	VANDERSLICE, ROBERT K	
STREET ADDRESS	6527 FORESTWOOD DR., W	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNTER, RICHARD F	
STREET ADDRESS	746 S MISSISSIPPI AVE	
CITY-ST-ZIP	LAKELAND FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VCD</b>
2.3 STREET ADDRESS	<b>BETTY DICKS</b>
2.4 CITY-ST-ZIP	<b>116 W. BELVEDERE ST. LAKELAND, FL 33803</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CD</b>
3.3 STREET ADDRESS	<b>Title</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D</b>
4.3 STREET ADDRESS	<b>Title</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D</b>
5.3 STREET ADDRESS	<b>Title</b>
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 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* 1-25-98 941-534-4200

CP2E037 (10/97)