FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769129 (8)

1. Corporation Name
COLLEGE HEIGHTS UNITED METHODIST CHURCH, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1983
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-0668475 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

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

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COC	1.1 TITLE		☐ Change ☐ Addition
NAME	SELPH, STEVEN L.	1.2 NAME		
STREET ADDRESS	5618 OLD SCOTT LAKE ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP		
TITLE	COC	2.1 TITLE	COC	☒ Change ☐ Addition
NAME	PARKER, MARK	2.2 NAME	Gable, Don C.	
STREET ADDRESS	414 MARIMAR STREET	2.3 STREET ADDRESS	4444 US Hwy 98N. #273	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland FL 33809	
TITLE	DS	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	FEE, CHARLES J.	3.2 NAME	Norgard, Andrea B.	
STREET ADDRESS	120 MORNINGSIDE DRIVE	3.3 STREET ADDRESS	4968 Tradition Dr.	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland FL 33813	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	WINGHAM, RAYMOND	4.2 NAME	Berry, Beverley C.	
STREET ADDRESS	2324 SEA ISLAND CIRCLE S.	4.3 STREET ADDRESS	1130 N. Lake Parker Ave # E235	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland FL 33805	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ANDERSON, GEORGE	5.2 NAME	Vanderslice, Robert K.	
STREET ADDRESS	2721 EASTON TERRACE	5.3 STREET ADDRESS	6527 Forestwood Dr. W.	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland FL 33811	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SHEARER, JANET	6.2 NAME		
STREET ADDRESS	8 CASA LOMA WAY	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 is voluntarily furnished and 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: Andrea B. Norgard 4/28/95 813-646-3039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COMMON