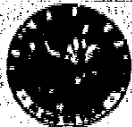


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 ☒

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
22 City & State	27 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No
24	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SELPH, STEVEN L.
5818 OLD SCOTT LAKE ROAD
LAKELAND FL 33813**

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

TITLE	COC
NAME	SELPH, STEVEN L.
STREET ADDRESS	5818 OLD SCOTT LAKE ROAD
CITY - ST - ZIP	LAKELAND FL
TITLE	COC
NAME	PARKER, MARK
STREET ADDRESS	414 MARIMAR STREET
CITY - ST - ZIP	LAKELAND FL
TITLE	DS
NAME	FEE, CHARLES J.
STREET ADDRESS	120 MORNINGSID DRIVE
CITY - ST - ZIP	LAKELAND FL
TITLE	D
NAME	WINGHAM, RAYMOND
STREET ADDRESS	2324 SEA ISLAND CIRCLE S.
CITY - ST - ZIP	LAKELAND FL
TITLE	D
NAME	ANDERSON, GEORGE
STREET ADDRESS	2721 EASTON TERRACE
CITY - ST - ZIP	LAKELAND FL
TITLE	D
NAME	SHEARER, JANET
STREET ADDRESS	8 CASA LOMA WAY
CITY - ST - ZIP	LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	COC
2.3 STREET ADDRESS	Gable, Don C.
2.4 CITY - ST - ZIP	4444 US HWY 98N. #273 Lakeland FL 33809
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	DS
3.3 STREET ADDRESS	Morgard, Andrea B.
3.4 CITY - ST - ZIP	4968 Tradition Dr. Lakeland FL 33813
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	D
4.3 STREET ADDRESS	Berry, Beverley C.
4.4 CITY - ST - ZIP	1130 N. Lake Parker Ave # 235 Lakeland FL 33805
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	D
5.3 STREET ADDRESS	Vanderslice, Robert K.
5.4 CITY - ST - ZIP	6527 Forestwood Dr. W. Lakeland FL 33811
6.1 TITLE	☐ Change ☐ 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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 813-646-3039

(Date)

Daytime Phone #