

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

Mailing Address

**942 SOUTH BLVD.
LAKELAND FL 33803
US**

**942 SOUTH BLVD.
LAKELAND FL 33803
US**

3. Date Incorporated or Qualified
06/27/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SELPH, STEVEN L.
5618 OLD SCOTT LAKE ROAD
LAKELAND FL 33813**

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

1/22/96

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

1.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Garrett, Howardene G.	
1.3 STREET ADDRESS	1911 Cherokee Trail	
1.4 CITY - ST - ZIP	Lakeland FL 33803	
2.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Downard, Allen F.	
2.3 STREET ADDRESS	3008 Redwood Ave.	
2.4 CITY - ST - ZIP	Lakeland FL 33803	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Runter, Richard F.	
3.3 STREET ADDRESS	746 S. Mississippi Ave.	
3.4 CITY - ST - ZIP	Lakeland FL 33801	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (941) 531-5010

Date:

Daytime Phone #

CR2E037 (12/95)