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Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

3. Date Incorporated or Qualified

06/27/1983

4. FEI Number

59-0668475

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARRETT, HOWARDENE G
1911 CHEROKEE TRAIL
LAKELAND FL 33803

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 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

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 DS
NAME GARRETT, HOWARDENE G
STREET ADDRESS 1911 CHEROKEE TRAIL
CITY-ST-ZIP LAKELAND FL

☐ DELETE

TITLE D
NAME GABLE, DON C
STREET ADDRESS 4444 US HWY 98 N., #273
CITY-ST-ZIP LAKELAND FL

☒ DELETE

TITLE D
NAME MONTGOMERY, STEPHEN W.
STREET ADDRESS 1124 PRINCE PLACE
CITY-ST-ZIP LAKELAND FL

☐ DELETE

TITLE VCD
NAME MCKAY, SARAH D.
STREET ADDRESS 2214 COLLINS LANE
CITY-ST-ZIP LAKELAND FL

☐ DELETE

TITLE CD
NAME VANDERSLICE, ROBERT K
STREET ADDRESS 6527 FORESTWOOD DR., W
CITY-ST-ZIP LAKELAND FL

☐ DELETE

TITLE D
NAME HUNTER, RICHARD F
STREET ADDRESS 746 S MISSISSIPPI AVE
CITY-ST-ZIP LAKELAND FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 G. Garrett

1-25-98 941-534-4200

CR2E037 (10/97)