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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90066 013 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 769129

1. Corporation Name

COLLEGE HEIGHTS UNITED METHODIST CHURCH, INC.

Principal Place of Business

942 SOUTH BLVD.  
LAKELAND FL 33803  
US

Mailing Address

942 SOUTH BLVD.  
LAKELAND FL 33803  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

3. Date Incorporated or Qualified

06/27/1983

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

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

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

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

TITLE VCD  
NAME DICKS, BETTY  
STREET ADDRESS 116 W BELVEDERE ST  
CITY-ST-ZIP LAKELAND FL 33803 ☒ DELETE

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

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

TITLE D  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME SUZANNE Ward  
1.3 STREET ADDRESS 311 South Elm Rd.  
1.4 CITY-ST-ZIP Lakeland FL 33801

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

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

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

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

9416861975

Date

Daytime Phone #

CR2E037 (11/98)