

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90322 039 ****61.25

DOCUMENT # 769129

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0668475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRETT, HOWARDENE G
1911 CHEROKEE TRAIL
LAKELAND FL 33803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C/D ☐ Delete
NAME **BESWICK, ROBERT**
STREET ADDRESS **412 E BELVEDERE ST**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VC/D ☐ Delete
NAME **HUNTER, RICHARD**
STREET ADDRESS **746 S MISSISSIPPI AVE**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME **ALDERMAN, DALE**
STREET ADDRESS **4108 RICE RD**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME **JUCHAU, CAROL**
STREET ADDRESS **2303 CAMBRIDGE AVE**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D ☐ Delete
NAME **WARD, SUZANNE**
STREET ADDRESS **311 S ELM RD**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME **DINSMORE, BILL**
STREET ADDRESS **915 OAKHILL ST**
CITY-ST-ZIP **LAKELAND FL 33815**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

1/16/02

863-882-7303

CR2E037 (9/01)