

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90031 045 ****70.00

DOCUMENT # 769129

1. Entity 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**

50017706



2. Principal Place of Business

3. Mailing Address

Suite/Apt. #, etc.

Suite/Apt. #, etc.

01242005 Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0668475

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**STOUGH, GEORGE
1057 COLONY PARK
LAKELAND, FL 33813-2868**

Name **DANIEL, Ronald**
Street Address (P.O. Box Number is Not Acceptable)
6866 Crescent Oaks Circle
City **Lakeland** FL Zip Code **33813**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ronald D. Daniel, RONALD D. DANIEL, Chair, Trustee Committee** 1/24/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **DICKS, CARL**
STREET ADDRESS **116 W BELVEDERE ST.**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Change ☒ Addition
NAME **Ellis, John**
STREET ADDRESS **2328 Hollingsworth Hills Ave.**
CITY-ST-ZIP **Lakeland, FL 33803**

TITLE ☐ Delete
NAME **GAY, PERRY**
STREET ADDRESS **421 WINDSOR ST.**
CITY-ST-ZIP **LAKELAND, FL 33803**

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

TITLE ☐ Delete
NAME **HOWARDENE, GARRETT**
STREET ADDRESS **1911 CHEROKEE TRAIL**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☒ Change ☐ Addition
NAME **Garrett, Howardene**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **SIMON, JENNIFER**
STREET ADDRESS **4922 DENISE AVE.**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Change ☒ Addition
NAME **Michel, Jeffrey**
STREET ADDRESS **1517 Easton Drive**
CITY-ST-ZIP **Lakeland, FL 33803**

TITLE ☐ Delete
NAME **ARNOLD, JIM**
STREET ADDRESS **2425 HARDEN BLVD., #223**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☒ Change ☐ Addition
NAME **Arnold, Jim**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MCKAY, SARAH**
STREET ADDRESS **2214 COLLINS LANE**
CITY-ST-ZIP **LAKELAND, FL 338032326**

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: **Ronald D. Daniel, RONALD D. DANIEL, CHAIR, TRUSTEE** 1/24/05 863-619-8379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Additional Names Attached