

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769129

Entity Name: COLLEGE HEIGHTS UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

942 SOUTH BLVD.
LAKELAND, FL 33803

Current Mailing Address:

942 SOUTH BLVD.
LAKELAND, FL 33803 US

FEI Number: 59-0668475

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WUITSCHICK, SUSAN W
942 SOUTH BLVD
LAKELAND, FL 33803 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name WUITSCHICK, SUSAN W
Address 3155 HIGHLANDS LKVV CR
City-State-Zip: LAKELAND FL 33812

Title DIRECTOR
Name FRENCH, JOHN
Address 601 FINNEY STREET
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR
Name FEE, JEFF
Address 120 MORNINGSIDE DRIVE
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR
Name ELLIS, NANCY
Address 2328 HOLLINGSWORTH HILL AVE
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR
Name WOOD, BOB
Address 1306 SOUTHGLEN LANE
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name STOUGH, GEORGE
Address 1057 COLONY PARK
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name ADAM, DAVID
Address 3387 KILMER DRIVE
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR
Name OGLESBY, CAROLYN
Address 4623 HIGHLANDS PLACE DRIVE
City-State-Zip: LAKELAND FL 33813

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN WUITSCHICK

TREASURER

05/20/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MAQUILON, FELIPE
Address 6115 MORNINGVIEW DRIVE
City-State-Zip: LAKELAND FL 33813