

**2014 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           DIRECTOR  
Name           STOUGH, GEORGE  
Address        1057 COLONY PARK  
City-State-Zip: LAKELAND FL 33813

Title           TREASURER  
Name           WUITSCHICK, SUSAN  
Address        1936 VISTA VIEW DRIVE  
City-State-Zip: LAKELAND FL 33813

Title           DIRECTOR  
Name           BESWICK, ROBERT  
Address        2688 BELLERIVE DRIVE  
City-State-Zip: LAKELAND FL 33803

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

Title           DIRECTOR  
Name           OGLESBY, LEE  
Address        115 ELM COURT  
City-State-Zip: LAKELAND FL 33813

Title           DIRECTOR  
Name           WILLIAMS, THELMA  
Address        302 ALLAMANDA AVENUE  
City-State-Zip: LAKELAND FL 33813

Title           DIRECTOR  
Name           KUBICEK, CONNI  
Address        422 WILLOW RUN  
City-State-Zip: LAKELAND FL 33813-3663

Title           DIRECTOR  
Name           CLANTON, KEITH  
Address        4922 DENISE AVENUE  
City-State-Zip: LAKELAND FL 33813-2419

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*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 W. WUITSCHICK**

**TREASURER**

**04/02/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           VANDERSLICE, ROBERT  
Address        6527 FORESTWOOD DRIVE W  
City-State-Zip: LAKELAND FL 33811-2413