

**2019 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 LK VW CR  
City-State-Zip: LAKELAND FL 33812

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

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

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

Title           DIRECTOR  
Name           FRENCH, JOHN  
Address        601 FINNEY STREET  
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           ADAM, DAVID  
Address        3387 KILMER DRIVE  
City-State-Zip: LAKELAND FL 33803

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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****06/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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