

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 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 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

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

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

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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 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