

**2023 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           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           OGLESBY, CAROLYN  
Address        4623 HIGHLANDS PLACE DRIVE  
City-State-Zip: LAKELAND FL 33813

Title           DIRECTOR  
Name           DIEHL, BILL  
Address        597 TERRACE GARDENS DRIVE  
City-State-Zip: LAKELAND FL 33815

Title           DIRECTOR  
Name           NUTTER, STEVE  
Address        1134 E EDGEWOOD DRIVE  
City-State-Zip: LAKELAND FL 33803

Title           DIRECTOR  
Name           ALDERMAN, DALE  
Address        3124 S POLK AVENUE  
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**

**04/20/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MOHR, NICK  
Address        2537 PINE VALLEY DRIVE  
City-State-Zip: LAKELAND FL 33810

Title           DIRECTOR  
Name           PAIGE, ANN  
Address        1410 HOLLINGSWORTH OAKS DRIVE  
City-State-Zip: LAKELAND FL 33803-2355