

**2013 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**

**04/12/2013**

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