

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90001 034 \*\*\*\*70.00

|                                                                 |  |                                                                                   |
|-----------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 769129</b>                                        |  |  |
| 1. Entity Name<br>COLLEGE HEIGHTS UNITED METHODIST CHURCH, INC. |  |                                                                                   |

|                                                                         |                                                             |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business<br>942 SOUTH BLVD.<br>LAKELAND, FL 33803 US | Mailing Address<br>942 SOUTH BLVD.<br>LAKELAND, FL 33803 US |
|-------------------------------------------------------------------------|-------------------------------------------------------------|

|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State                                          | City & State                              |
| Zip Country                                           | Zip Country                               |

**00061491**

02042006 Chg-NP CR2E037 (11/05)

|                                                                                                     |                               |
|-----------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>59-0668475                                                                         | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |                               |

|                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>DANIEL, RONALD<br>6866 CRESCENT OAKS CIRCLE<br>LAKELAND, FL 33813-2868 |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

|                                             |                                                                                     |                                |                                                      |
|---------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|
| Filing Fee is \$61.25<br>Due by May 1, 2006 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
|---------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ELLIS, JOHN<br>2328 HOLLINGSWORTH HILLS AVE<br>LAKELAND, FL 33803 <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>GAY, PERRY<br>421 WINDSOR ST.<br>LAKELAND, FL 33803 <input type="checkbox"/> Delete                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HOWANDENE, GARRET<br>1911 CHEROKEE TRAIL<br>LAKELAND, FL 33803 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JEFFREY, MICHEL<br>1517 EASTON DRIVE<br>LAKELAND, FL 33803 <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ARMOLD, JIM<br>2425 HARDEN BLVD., #223<br>LAKELAND, FL 33803 <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCKAY, SARAH<br>2214 COLLINS LANE<br>LAKELAND, FL 338032326 <input type="checkbox"/> Delete               |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                            |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>KATHE RAKER<br>714 SAGAMORE ST.<br>LAKELAND, FL 33803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>DOROTHY TROGOLO<br>1410 EASTON DR.<br>LAKELAND, FL 33803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Ronald D. Daniel **2/4/06** **863-618-8379**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

60021241

#769129

Attachment to 2006 Not-For-Profit Corporation Annual Report  
For College Heights United Methodist Church, Inc.

D

BESWICK, ROBERT  
412 E. Belvedere Street  
Lakeland, FL 33803-2220

D

WARD, SUZANNE  
311 S. Elm Road  
Lakeland, FL 33801

D

FEE, JEFF  
120 Moringside Drive  
Lakeland, FL 33805-4730

D

DANIEL, RONALD  
6866 Crescent Oaks Circle  
Lakeland, FL 33813