


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 769129		
1. Entity Name COLLEGE HEIGHTS UNITED METHODIST CHURCH, INC.		

Principal Place of Business 942 SOUTH BLVD. LAKELAND, FL 33803 US	Mailing Address 942 SOUTH BLVD. LAKELAND, FL 33803 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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: *Ronald D Daniel* DATE: *10/9/07*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, JOHN 2328 HOLLINGSWORTH HILLS AVE LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000111195180 10/23/07--01020--012 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAY, PERRY 421 WINDSOR ST. LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Twitschick, Susan</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1936 Vista View Drive</i> <i>Lakeland, FL 33813</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAKER, KATHI 714 SAGAMORE ST LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFREY, MICHEL 1517 EASTON DRIVE LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROGOLO, DOROTHY 1410 EASTON DR LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKAY, SARAH 2214 COLLINS LANE LAKELAND, FL 338032326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *Kevin Stephen Johnson* DATE: *10-09-07* DAYTIME PHONE #: *863-682-8191*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 23 AM 11:35

REINSTATEMENT *07*

B310/25/07



10092007 REIN-NP CR2E099 (1/07)

4. FEI Number
59-0668475

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required