2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# 769129

Entity Name: COLLEGE HEIGHTS UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

942 SOUTH BLVD.
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

942 SOUTH BLVD.
LAKELAND, FL 33803 US

New Mailing Address:

FEI Number: 59-0668475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DANIEL, RONALD
6866 CRESCENT OAKS CIRCLE
LAKELAND, FL 338132868 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	ELLIS, JOHN	
Address:	2328 HOLLINGSWORTH HILLS AVE	
City-St-Zip:	LAKELAND, FL 33803	
Title:	T	( ) Delete
Name:	WUITSCHICK, SUSAN	
Address:	1936 VISTA VIEW DRIVE	
City-St-Zip:	LAKELAND, FL 33813	
Title:	D	( ) Delete
Name:	RAKER, KATHI	
Address:	714 SAGAMORE ST	
City-St-Zip:	LAKELAND, FL 33803	
Title:	D	( ) Delete
Name:	BESWICK, BOB	
Address:	412 E BELVEDERE ST	
City-St-Zip:	LAKELAND, FL 33803	
Title:	D	( ) Delete
Name:	TROGOLO, DOROTHY	
Address:	1410 EASTON DR	
City-St-Zip:	LAKELAND, FL 33803	
Title:	D	( ) Delete
Name:	BROOKS, TILLIE	
Address:	2614 NEWPORT AVE	
City-St-Zip:	LAKELAND, FL 33803	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN WUITSCHICK D 03/30/2009
Electronic Signature of Signing Officer or Director — Date