


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000000841</b>	
<b>1. Entity Name</b> COLLEGE HEIGHTS HISPANIC UNITED METHODIST CHURCH, INC.	

<b>Principal Place of Business</b> 942 SOUTH BLVD. LAKELAND FL 33803	<b>Mailing Address</b> 942 SOUTH BLVD. LAKELAND FL 33803
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



2nd MOORE CR2E037 (5/05)

<b>4. FEI Number</b> 01-0576209	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  GUEVARA, JOSUE L 942 SOUTH BLVD. LAKELAND FL 33803	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By September 7, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. CD OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																								
<table border="1"> <tr> <td><b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP</td> <td><b>DIAZ, ANA L</b> 44 IMPERIAL SOUTHGATE VILLAS LAKELAND FL 33803 SD <input type="checkbox"/> Delete</td> </tr> <tr> <td><b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP</td> <td><b>ROMERO, PAQUITA V</b> 1501 SHEPHERD RD., APT. 165 LAKELAND FL 33811 VTD <input type="checkbox"/> Delete</td> </tr> <tr> <td><b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP</td> <td><b>CERNUDA, RAMON</b> 503 DUCHESS DR. LAKELAND FL 33803 <input type="checkbox"/> Delete</td> </tr> <tr> <td><b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td><b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td><b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> </table>	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DIAZ, ANA L</b> 44 IMPERIAL SOUTHGATE VILLAS LAKELAND FL 33803 SD <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>ROMERO, PAQUITA V</b> 1501 SHEPHERD RD., APT. 165 LAKELAND FL 33811 VTD <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CERNUDA, RAMON</b> 503 DUCHESS DR. LAKELAND FL 33803 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<table border="1"> <tr> <td><b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition U000001377990 09/08/05-80005-010 61.25</td> </tr> <tr> <td><b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td><b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td><b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td><b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td><b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000001377990 09/08/05-80005-010 61.25	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.**