


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000000841

1. Entity Name
COLLEGE HEIGHTS HISPANIC UNITED METHODIST CHURCH, INC.



Principal Place of Business Mailing Address

**942 SOUTH BLVD.
 LAKELAND, FL 33803** **942 SOUTH BLVD.
 LAKELAND, FL 33803**

DO NOT WRITE IN THIS SPACE



02162008 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
01-0576209 Not Applicable

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

6. Name and Address of Current Registered Agent

**GUEVARA, JOSUE L
 942 SOUTH BLVD.
 LAKELAND, FL 33803**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000475340
 04/05/06-80011-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DIAZ, ANA L 44 IMPERIAL SOUTHGATE VILLAS LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROMERO, PAQUITA V 1501 SHEPHERD RD., APT. 165 LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CERNUDA, RAMON 503 DUCHESS DR. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ **RAMON CERNUDA** 3/15/06 863-644-8183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #