


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000000841 1. Entity Name COLLEGE HEIGHTS HISPANIC UNITED METHODIST CHURCH, INC.	
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Principal Place of Business 942 SOUTH BLVD. LAKELAND, FL 33803	Mailing Address 942 SOUTH BLVD. LAKELAND, FL 33803
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02182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0576209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUEVARA, JOSUE L 942 SOUTH BLVD. LAKELAND, FL 33803	DO NOT WRITE IN THIS SPACE
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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 revalidating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000653175 03/13/07-80009-022 61.25
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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	

**DO NOT WRITE
IN THIS SPACE**

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 2/19/07 863-644-8183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #