FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31523 (6)

1. Corporation Name

TALLAHASSEE HEIGHTS UNITED METHODIST CHURCH, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3004 MAHAN DR TALLAHASSEE FL 32309-5506	3004 MAHAN DR TALLAHASSEE FL 32308-5506

3. Date Incorporated or Qualified: 04/04/1989

3a. Date of Last Report: 03/30/1994

4. FEI Number: 59-1821518 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — Country — 25 / 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

COLE, TERRY
3004 MAHAN DR
TALLAHASSEE FL 32309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TC	1.1 TITLE	TC	☒ Change ☒ Addition
NAME	PHILLIPS, SONNY	1.2 NAME	Donald C. Janes	
STREET ADDRESS	3552 HOMESTEAD RD.	1.3 STREET ADDRESS	3313 Wildwood Trail	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, Fl 32312	
TITLE	T	2.1 TITLE	T	☒ Change ☒ Addition
NAME	PALMER, SHARON	2.2 NAME	Michael Payne	
STREET ADDRESS	RT 17 BOX 1443	2.3 STREET ADDRESS	3256 Whitney Drive East	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, Fl 32308	
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	WARNER, RAY	3.2 NAME	Sonny Phillips	
STREET ADDRESS	8000 BUCK LAKE RD	3.3 STREET ADDRESS	3552 Homestead Rd.	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, Fl 32301	
TITLE	T	4.1 TITLE	T	☐ Change ☒ Addition
NAME	BIZZELL, DON	4.2 NAME	John Tyler	
STREET ADDRESS	2010 LEE AVE	4.3 STREET ADDRESS	6200 Williams Rd.	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, Fl 32301	
TITLE	T	5.1 TITLE	T	☒ Change ☒ Addition
NAME	STEVENS, KENNA	5.2 NAME	April Henkel	
STREET ADDRESS	2015 DOOMAR DR.	5.3 STREET ADDRESS	P.O. Box 348 n/a	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, Fl 32302	
TITLE	T	6.1 TITLE	T	☐ Change ☒ Addition
NAME	COLE, PAUL	6.2 NAME	Emily Mathews	
STREET ADDRESS	RT 1, BOX 50-C	6.3 STREET ADDRESS	2101 Ted Hines Dr.	
CITY-ST-ZIP	TALL FL	6.4 CITY-ST-ZIP	Tallahassee, Fl 32308	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald C. James DONALD C. JAMES, CHAIRMAN 4-25-95 (904) 487-9327

SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

TRUSTEE

0027280