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 JUN 23 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N31523

1. Corporation Name
TALLAHASSEE HEIGHTS UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
3004 Mahan Dr. Tallahassee, FL 32308-5506	3004 Mahan Dr. Tallahassee, FL 32308-5506

3. Date Incorporated or Qualified: 4/04/1989
3a. Date of Last Report: 4/25/95
4. FEI Number: 52-1821518 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

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 607.1608, 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: Terry Cole — 6/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Bizzell, Don 2010 Lee Ave. Tallahassee, FL 32312	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T Palmer, Sharon Rt. 17 Box 1443 Tallahassee, FL	☒ Change ☐ Addition DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Cole, Paul Rt. 1, Box 50-C Tallahassee, FL 32312	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T Warner, Ray 8000 Buck Lake Rd. Tallahassee, FL	☒ Change ☐ Addition DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Henkel, April 2443 Potts Road Tallahassee, FL 32308	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T Stevens, Kenna 2015 Doomar Dr. Tallahassee, FL	☒ Change ☐ Addition DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TC Janes, Donald C. 3313 Wildwood Trail Tallahassee, FL 32312	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Mathews, Emily 2101 Ted Hines Drive Tallahassee, FL 32309	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Payne, Michael 3256 Whitney Drive East Tallahassee, FL 32308	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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.

(904) 487-9327

SIGNATURE: Terry Cole Donald C Janes — 6/22/95 — 904 877 0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #