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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N31523** **(6)**

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: 04/04/1989
3a. Date of Last Report: 05/15/1996

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

4. FEI Number: 59-1821518 ☐ 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

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 617.0502 and 617.1508, 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 617.0503, 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	T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JANES, DONALD		1.2 NAME	
STREET ADDRESS	3313 WILDWOOD TRAIL		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP	
TITLE	T C	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NYE, DENNIS		2.2 NAME	
STREET ADDRESS	5503 TOURAINE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BIZZELL, DON		3.2 NAME	
STREET ADDRESS	2010 LEE AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, PATTI		4.2 NAME	
STREET ADDRESS	5333 HIGH VOLONY DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	
TITLE	T	☒ DELETE	5.1 TITLE	T ☐ Change ☒ Addition
NAME	HENKEL, APRIL		5.2 NAME	PALMER, SHARON
STREET ADDRESS	2443 POTTS RD.		5.3 STREET ADDRESS	RT17 BOX 1443
CITY-ST-ZIP	TALLAHASSEE FL 32308		5.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32308
TITLE	T	☒ DELETE	6.1 TITLE	T ☐ Change ☒ Addition
NAME	MATHEWS, EMILY		6.2 NAME	MELDER, MIKE
STREET ADDRESS	2101 TED HINES DR		6.3 STREET ADDRESS	711 RED FERN ROAD
CITY-ST-ZIP	TALL FL 32308		6.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32308

CR2E037 (9/96)

14. I do 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 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: Dennis E. Nye DENNIS E. NYE 4/22/97 656-7867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0007688