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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/04/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1821518 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	Trustee	☐ Change ☒ Addition
NAME	ELMORE, CHUCK		1.2 NAME	Gregg, Christy	
STREET ADDRESS	1849 WAGON WHEEL CIR		1.3 STREET ADDRESS	4178 Laurel Oak Circle	
CITY-ST-ZIP	TALLAHASSEE FL 32311		1.4 CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	TC	☐ DELETE	2.1 TITLE	Trustee	☐ Change ☒ Addition
NAME	NYE, DENNIS		2.2 NAME	Kerzan, Carol	
STREET ADDRESS	5503 TOURAINE		2.3 STREET ADDRESS	1726 Ferndale Place	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	T	☐ DELETE	3.1 TITLE	Trustee	☐ Change ☒ Addition
NAME	BIZZELL, DON		3.2 NAME	Rushing, Bobbie	
STREET ADDRESS	2010 LEE AVE.		3.3 STREET ADDRESS	3055 Connie Drive	
CITY-ST-ZIP	TALLAHASSEE FL 32312		3.4 CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	T	☒ DELETE	4.1 TITLE	Trustee	☐ Change ☒ Addition
NAME	WORTHINGTON, LISA		4.2 NAME	Williams, Jim	
STREET ADDRESS	1508 GROVELAND HILLS DR		4.3 STREET ADDRESS	3508 Blue Spruce Court	
CITY-ST-ZIP	TALLAHASSEE FL 32311		4.4 CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KERZAN, JACK		5.2 NAME		
STREET ADDRESS	1726 FERNDALE PLACEW		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MELDER, MIKE		6.2 NAME		
STREET ADDRESS	711 RED FERN RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALL FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Dennis E. Nye SIGNATURE REQUIRED Dennis E. Nye 1/14/99 656-7867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #