


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N31523
 1. Entity Name
TALLAHASSEE HEIGHTS UNITED METHODIST CHURCH, INC.



<i>Principal Place of Business</i>	<i>Mailing Address</i>
3004 MAHAN DR TALLAHASSEE, FL 32308-5506	3004 MAHAN DR TALLAHASSEE, FL 32308-5506



04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1821518	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLE, TERRY
 3004 MAHAN DR
 TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	WALDEN, BRUCE
STREET ADDRESS	4536 MAHAN DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	T
NAME	NELSON, JOANN
STREET ADDRESS	1952 RAYMOND TUCKER RD
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	T
NAME	GLASS, WALT
STREET ADDRESS	1294 CORDOVA CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	T
NAME	MIDDLETON, BRIAN
STREET ADDRESS	2832 CAREY LN
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	T
NAME	ARROYO, DEBBIE
STREET ADDRESS	4514 WIMBLETON COURT
CITY-ST-ZIP	TALL, FL 32303
TITLE	T
NAME	LLOYD, LARRY
STREET ADDRESS	641 EAGLE VIEW CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32311

UG0000316640
 04/19/05-80083-005 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: Larry D Lloyd 4-18-05 877-6276
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #