

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90010 003 ****61.25

DOCUMENT # N31523 1. Entity Name TALLAHASSEE HEIGHTS UNITED METHODIST CHURCH, INC.					
Principal Place of Business 3004 MAHAN DR TALLAHASSEE, FL 32308-5506			Mailing Address 3004 MAHAN DR TALLAHASSEE, FL 32308-5506		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1821518	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLE, TERRY 3004 MAHAN DR TALLAHASSEE, FL 32308				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAXON, JUSTINE		NAME	NEILON, Jo Ann	
STREET ADDRESS	1154 GOVERNORS CT PLACE		STREET ADDRESS	1962 Raymond Jucker R.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SZIGETI, ALEX		NAME	PEODICORD, ERIC	
STREET ADDRESS	716 VIOLET STREET		STREET ADDRESS	2079 Taylor Rd	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLASS, WALTER		NAME	Phillips, Sonny	
STREET ADDRESS	1294 CORDOVA CIRCLE		STREET ADDRESS	7469 Creekridge Circle	
CITY-ST-ZIP	TALLAHASSEE, FL 32317		CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIDDLETON, BRIAN		NAME	Woodruff, Shawn	
STREET ADDRESS	2832 CAREY LN		STREET ADDRESS	3959 Forsythe Park Ct.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, RUDY		NAME	TURNER, Martha	
STREET ADDRESS	453 COLLINGSFORD RD		STREET ADDRESS	808 Washington St	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCEACHRON, ED		NAME		
STREET ADDRESS	5839 SIOUX DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32317		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Walter E. Glass</i> WALTER E. GLASS			2-05-08 567-6361		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		