

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 755597 (2)  
1. Corporation Name  
**COLLEGE HILL MENNONITE CHURCH, INCORPORATED**



Principal Place of Business: 3506 MACHADO ST TAMPA FL 33605 US  
Mailing Address: 22642 NEWFIELD COURT LAND O LAKES FL 34639

3. Date Incorporated or Qualified: 12/18/1980  
3a. Date of Last Report: 05/01/1995

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

4. FEI Number: 05-0030122 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  
**CRAWFORD, WALTER  
8910 BLUE RIDGE DR.  
TAMPA FL 33619**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MOORE, IRENE <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, IRENE	1.2 NAME	Carl Russell
STREET ADDRESS	907 E. 25TH AVENUE	1.3 STREET ADDRESS	1315 Foxboro Dr.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33511
TITLE	M WILLIAMS, ROY W. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROY W.	2.2 NAME	
STREET ADDRESS	22642 NEWFIELD CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAND-O-LAKES FL	2.4 CITY-ST-ZIP	
TITLE	D CRAWFORD, WALTER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, WALTER	3.2 NAME	
STREET ADDRESS	8910 BLUE RIDGE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D EDWARDS, YVONNE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, YVONNE	4.2 NAME	
STREET ADDRESS	5313 ROBERTA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	SD WALCOTT, CARL <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALCOTT, CARL	5.2 NAME	
STREET ADDRESS	4913 HEDLAND HILLS	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	TD WALCOTT, ANNETTE <input checked="" type="checkbox"/> DELETE	6.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALCOTT, ANNETTE	6.2 NAME	Dorothy Garrick
STREET ADDRESS	4913 HEADLAND HILLS	6.3 STREET ADDRESS	15427 Pond Woods Dr. E.
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Tampa FL 33624

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)(k), 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: Roy W. Williams - Roy W. Williams 4/28/96 (813) 996-4244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)