


FILE NOW: FILING FEE IS \$61.25

FILED  
 May 13 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755597 (2)**  
 1. Corporation Name  
**COLLEGE HILL MENNONITE CHURCH, INCORPORATED**



Principal Place of Business <b>3506 MACHADO ST TAMPA FL 33605 US</b>	Mailing Address <b>22642 NEWFIELD COURT LAND O LAKES FL 34639-4715</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/18/1980</b>	3a. Date of Last Report <b>05/17/1996</b>
21. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number <b>05-0030122</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CRAWFORD, WALTER 8910 BLUE RIDGE DR. TAMPA FL 33619</b>		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number Is Not Acceptable)	83.	84. City
			<b>FL</b>
			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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, IRENE</b>	1.2 NAME	
STREET ADDRESS	<b>907 E. 25TH AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>M</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, ROY W.</b>	2.2 NAME	
STREET ADDRESS	<b>22642 NEWFIELD CT.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAND-O-LAKES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAWFORD, WALTER</b>	3.2 NAME	
STREET ADDRESS	<b>8910 BLUE RIDGE DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDWARDS, YVONNE</b>	4.2 NAME	
STREET ADDRESS	<b>5313 ROBERTA LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALCOTT, CARL</b>	5.2 NAME	
STREET ADDRESS	<b>4913 HEDLAND HILLS</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARRICK, DOROTHY</b>	6.2 NAME	
STREET ADDRESS	<b>15427 POND WOODS DR. E.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: *Roy W. Williams* **ROY W. WILLIAMS - Pastor** Date: **4/30/97** (813) 996-4244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0067906

CR2E037 (9/96)