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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 755597

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/18/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				05-0030122	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
24. Country		29. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CRAWFORD, WALTER 8910 BLUE RIDGE DR. TAMPA FL 33619				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL			

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, IRENE	1.2 NAME	
STREET ADDRESS	907 E. 25TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	M <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 <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	TD <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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTBARTH, LAURAL	5.2 NAME	Secretary/Director
STREET ADDRESS	8214 ROYAL SAND CIR APT 103	5.3 STREET ADDRESS	Presley: Daniel
CITY-ST-ZIP	TAMPA FL 33615	5.4 CITY-ST-ZIP	4510 Tarpon Dr.
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRICK, DOROTHY	6.2 NAME	Director
STREET ADDRESS	15427 POND WOODS DR. E.	6.3 STREET ADDRESS	Russell: Carl
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	1315 Foxford Dr
			Brandon FL 33511

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: Roy Williams **BE PROVIDED: Williams - Pastor** 4/9/99 (813) 996-4244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037-11198