

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90068 038 ****70.00

DOCUMENT # 755597

1. Entity Name

COLLEGE HILL MENNONITE CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

**3506 MACHADO ST
 TAMPA FL 33605
 US**

**22642 NEWFIELD COURT
 LAND O LAKES FL 34639-4715**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0030122

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAWFORD, WALTER
 8910 BLUE RIDGE DR.
 TAMPA FL 33619**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **MOORE, IRENE**
 STREET ADDRESS **907 E. 25TH AVENUE**
 CITY-ST-ZIP **TAMPA FL**

TITLE **D** Change Addition
 NAME **Carl Walcott**
 STREET ADDRESS **4913 Headland Hills Dr. Tampa, FL**
 CITY-ST-ZIP **33624**

TITLE **M** Delete
 NAME **WILLIAMS, ROY W.**
 STREET ADDRESS **22642 NEWFIELD CT.**
 CITY-ST-ZIP **LAND-O-LAKES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CRAWFORD, WALTER**
 STREET ADDRESS **8910 BLUE RIDGE DR.**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **EDWARDS, YVONNE**
 STREET ADDRESS **5313 ROBERTA LANE**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PSD** Delete
 NAME **PRESSLEY, DANIEL**
 STREET ADDRESS **4510 TARPON DR**
 CITY-ST-ZIP **TAMPA FL 33617-8416**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RUSSELL, CARL**
 STREET ADDRESS **1315 FOXBORO DR**
 CITY-ST-ZIP **TAMPA FL 33511**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: *ROY W. WILLIAMS - Pastor/Director* **2/23/2000 (813) 996-4244**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)