

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 755597

FILED  
May 14, 2002 8:00 AM  
Secretary of State

Entity Name: COLLEGE HILL MENNONITE CHURCH, INCORPORATED

**Current Principal Place of Business:**

3506 MACHADO ST  
TAMPA, FL 33605 US

**New Principal Place of Business:**

**Current Mailing Address:**

22642 NEWFIELD COURT  
LAND O LAKES, FL 34639

**New Mailing Address:**

FEI Number: 05-0030122      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CRAWFORD, WALTER  
9410 SAYER ST.  
RIVERVIEW, FL 33677-422 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/14/2002

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MOORE, IRENE,  
Address: 22642 NEWFIELD CT.  
City-St-Zip: LAND O LAKES, FL 34639 US

Title: M ( ) Delete  
Name: WILLIAMS, ROY W.,  
Address: 22642 NEWFIELD CT.  
City-St-Zip: LAND-O-LAKES, FL 34639 US

Title: D ( ) Delete  
Name: CRAWFORD, WALTER,  
Address: 8910 BLUE RIDGE DR.  
City-St-Zip: TAMPA, FL 33619 US

Title: TD ( ) Delete  
Name: EDWARDS, YVONNE,  
Address: 5313 ROBERTA LANE  
City-St-Zip: TAMPA, FL 333617 US

Title: PSD ( ) Delete  
Name: PRESSLEY, DANIEL  
Address: 4510 TARPON DR  
City-St-Zip: TAMPA, FL 336178416 US

Title: D ( ) Delete  
Name: RUSSELL, CARL  
Address: 1315 FOXBORO DR  
City-St-Zip: TAMPA, FL 33511 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CRAWFORD, WALTER,  
Address: 9410 SAYRE ST.  
City-St-Zip: RIVERVIEW, FL 33677-422 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY W. WILLIAMS

Electronic Signature of Signing Officer or Director

M

05/14/2002

Date

WALCOTT: CARL  
4913 HEADLAND HILLS DR.  
TAMPA, FL 33624