

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 25, 2004
Secretary of State**

DOCUMENT# 755597

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 ()

Name and Address of Current Registered Agent:

WILLIAMS, ROY W
22642 NEWFIELD CT.
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOORE, IRENE,
Address: 5121 SERENA DR.
City-St-Zip: TAMPA, FL 33617 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: WALCOTT, CARL
Address: 4913 HEADLAND HILLS DR.
City-St-Zip: TAMPA, FL 33624 US

Title: TD () Delete
Name: GARRICK, DOROTHY
Address: 4313 W. MAIN ST.
City-St-Zip: TAMPA, FL 333607 US

Title: SD () Delete
Name: WHITE, LORENE
Address: 2408 28TH. AVE.
City-St-Zip: TAMPA, FL 33605 US

Title: D (X) Delete
Name: HAYWOOD, KATHRINE
Address: 8004 MARKS ST.
City-St-Zip: TAMPA, FL 33604 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: WALCOTT, ANNETTE
Address: 4913 HEADLANDHILLS DR.
City-St-Zip: TAMPA, FL 33624 US

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

M

04/25/2004

Electronic Signature of Signing Officer or Director

Date