

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755597

FILED
Mar 09, 2016
Secretary of State
CC8157742485

Entity Name: COLLEGE HILL MENNONITE CHURCH, INCORPORATED

Current Principal Place of Business:

3506 MACHADO ST
TAMPA, FL 33605

Current Mailing Address:

22642 NEWFIELD COURT
LAND O LAKES, FL 34639

FEI Number: 05-0030122

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Date

Officer/Director Detail :

Title M
Name WILLIAMS, ROY W PASTOR
Address 22642 NEWFIELD COURT
City-State-Zip: LAND O LAKES FL 34639

Title D
Name WALCOTT, CARL REV.
Address 4913 HEADLAND HILLS DR
City-State-Zip: TAMPA FL 33624

Title DIRECTOR
Name RUSSELL, OSA
Address 1315 FOXBORO DR.
City-State-Zip: BRANDON FL 33511

Title TD
Name HOSPEDALES, MARCIA
Address 8053 FAWN RIDGE CIRCLE
City-State-Zip: TAMPA FL 33361

Title D
Name FRANCIS, MOLVERE
Address 2429 S. ROMONA CIRCLE
City-State-Zip: TAMPA, FL 33612

Title D
Name WALCOTT, ANNETTE
Address 4913 HEADLAND HILLS AVE.
City-State-Zip: TAMPA FL 33624

Title ASSISTANT PASTOR
Name CRAWFORD, WALTER L REV.
Address 9410 SAYER ST.
City-State-Zip: RIVERVIEW FL 33569

I hereby 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 all other like empowered.

SIGNATURE: ROY W. WILLIAMS

**PASTOR/MANAGING
DIRECTOR**

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date