

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755597

**FILED**  
**Jan 24, 2022**  
**Secretary of State**  
**0679707950CC**

**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: Yes**

**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 DIRECTOR, SECRETARY  
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 CLOPTON-ROBINSON, JESSICA  
Address 9912 BALAYE RUN DR.  
APARTMENT 201  
City-State-Zip: TAMPA FL 33619

Title DIRECTOR  
Name LEAIR-WILLIAMS, RUTH  
Address 22642 NEWFIELD CT.  
City-State-Zip: LAND O LAKES FL 34639

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

Title DIRECTOR  
Name RAMIREZ, TOMAS REV  
Address 2318 CILANTRO DR.  
City-State-Zip: ORLANDO FL 32837

Title DIRECTOR  
Name WALCOTT, CARL  
Address 4913 HEADLAND HILLS DR.  
City-State-Zip: TAMPA FL 33625

*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**

**MANAGING DIRECTOR**

**01/24/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date