

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755597

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

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

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

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

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

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

CHAIRMAN/PASTOR

01/23/2013

Electronic Signature of Signing Officer/Director Detail_____
Date