

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 706306 (8)

95 JAN 20 PM 1:15

1. Corporation Name
FIRST BAPTIST CHURCH OF COLLEGE HILL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3838 NORTH 29TH STREET TAMPA FL 33610 US	Mailing Address 3838 NORTH 29TH STREET TAMPA FL 33610 US
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3. Date Incorporated or Qualified 10/21/1963	3a. Date of Last Report 04/08/1994
4. FEI Number 59-2788090	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt., #, etc. 22	Suite, Apt., #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**CONZALEZ, JOE M.
1519 N. DALE MABRY, SUITE 100
LUTZ FL 33549**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MATHEWS, RHEUBEN
STREET ADDRESS	3902 34TH STREET
CITY - ST - ZIP	TAMPA FL
TITLE	V
NAME	NELSON, ARTHUR
STREET ADDRESS	8104 JAD DRIVE
CITY - ST - ZIP	TAMPA FL
TITLE	ID
NAME	MITCHELL, WILLIAM
STREET ADDRESS	2409 E. CAYUGA
CITY - ST - ZIP	TAMPA FL
TITLE	SD
NAME	ANDREW, JAMES
STREET ADDRESS	8104 JAD DR.
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	BRYANT, HAYWARD
STREET ADDRESS	8328 VOLUSIA PLACE
CITY - ST - ZIP	TEMPLE TERRACE FL
TITLE	D
NAME	COLE, ROBERT
STREET ADDRESS	11710 TOM FOLSON ROAD
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arthur L. Nelson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Arthur L. Nelson, Trustee Board, Chr.