2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Aug 02, 2005 08:00 AM Secretary of State DOCL:MENT # 706306 1. Entity Name FIRST BAPTIST CHURCH OF COLLEGE HILL, INC. Principal Place of Business __ Mailing Address 3838 NORTH 29TH STREET 3838 NORTH 29TH STREET TAMPA, FL 33610 US TAMPA, FL 33610 US 07262005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2788090 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent WILLIAMS-SMTIH, JERALDINE ESQ DO NOT WRITE 2501 12TH AVENUE TAMPA, FL 33605 ... IN THIS SPACE 8. 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. I am famillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature regulted when reinstating) 9. Election Campaign Financing **\$5.00** May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE PΠ NAME COLE, ROBERT STREET ADDRESS 11710 TOM FOLSON ROAD CITY-ST-ZIP THONOTOSASSA, FL U00000375398 TITLE 08/02/05-80004-016 70.00 NAME CAMPBELL, IDA W STREET ADDRESS 810 CENTERWOOD COURT CITY-ST-ZIP BRANDON, FL 33511 TD TITLE NAME PINDER, LOUIS STREET ADDRESS 6304 NORTH QUEENSWAY DRIVE DO NOT WRITE CITY-ST-ZIP TAMPA, FL 33617 IN THIS SPACE NAME BROWN, MACK C JR STREET ADDRESS 11232 LONGBROOKE DR CITY-ST-ZIP RIVERVIEW, FL 33569 NAME GATLIN, JAMES STREET ADDRESS 3005 E CHIPCO CITY-ST-ZIP TAMPA, FL 33610

12. I hereby certify that the information supplied with this filing does not qualify 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 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 empeyiered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attendment with appendix with all other like empowered.

SIGNATURE:

DRELE, LEON

TAMPA, FL 33624

4414 WILLION RUN LANE

NAME

STREET ADDRESS

CITY-ST-ZIP

SHATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 July 05

(817)672-7553

FILED