


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90178 048 ****61.25

DOCUMENT # 706306					
1. Entity Name FIRST BAPTIST CHURCH OF COLLEGE HILL, INC.					
Principal Place of Business 3838 NORTH 29TH STREET TAMPA, FL 33610 US			Mailing Address 3838 NORTH 29TH STREET TAMPA, FL 33610 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLIAMS-SMITH, JERALDINE ESQ 2501 12TH AVENUE TAMPA, FL 33605				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLE, ROBERT	NAME			
STREET ADDRESS	14710 TOM FOLSON ROAD	STREET ADDRESS			
CITY-ST-ZIP	THONOTOSASSA, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PINDER, LOUIS	NAME			
STREET ADDRESS	6304 NORTH QUEENSWAY DRIVE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, MACK C JR	NAME			
STREET ADDRESS	11232 LONGBROOKE DR	STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW, FL 33569	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GATLIN, JAMES	NAME			
STREET ADDRESS	3005 E CHIPCO	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33610	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DREW, LEON	NAME			
STREET ADDRESS	4414 WILLION RUN LANE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33624	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered 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 attachment with an address, with all other like empowered.					
SIGNATURE: <i>Mack Brown</i>		Date: 4/22/07		Daytime Phone #: (813) 248-6600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					