2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755597

FILED Apr 15, 2006 Secretary of State

Entity Name: COLLEGE HILL MENNONITE CHURCH, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 3506 MACHADO ST TAMPA, FL 33605 US **Current Mailing Address: New Mailing Address:** 22642 NEWFIELD COURT LAND O LAKES, FL 34639 FEI Number: 05-0030122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MOORE, IRENE, WILLIAMS, ROY W PASTOR Name: Name: 5121 SERENA DR. Address: 22642 NEWFIELD CT. Address: City-St-Zip: TAMPA, FL 33617 US City-St-Zip: LAND - O LAKES, FL 34639 US Title: () Delete Title: (X) Change () Addition WILLIAMS, ROY W Name: WALCOTT, CARL REV. Name: Address: 22642 NEWFIELD CT. Address: 4913 HEADLAND HILLS DR City-St-Zip: LAND-O-LAKES, FL 34639 US City-St-Zip: TAMPA, FL 33624 US Title: () Delete Title: (X) Change () Addition WALCOTT, CARL MOORE, IRENE REV. Name: Name: 4913 HEADLAND HILLS DR. Address: Address: 5121 SERENA DR. City-St-Zip: TAMPA, FL 33624 US City-St-Zip: TAMPA, FL 33617 US (X) Change () Addition Title: TD () Delete Title: TD Name: GARRICK, DOROTHY Name: SCOTT, KAREN Address: 4313 W. MAIN ST. Address: 3409 N. 27 TH ST City-St-Zip: TAMPA, FL 333607 US City-St-Zip: TAMPA, FL 333605 US Title: () Delete Title: () Change () Addition WALCOTT, ANNETTE Name: Name: 4913 HEADLANDHILLS DR. Address: Address: City-St-Zip: TAMPA, FL 33624 US City-St-Zip: Title: () Delete Title: () Change (X) Addition GILLARD, TERESA Name: Name: Address: Address: 13901 N. FLORIDA AVE. APT. C47 TAMPA, FL 33613 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROY W. WILLIAMS, PASTOR M 04/15/2006