

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755597

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: COLLEGE HILL MENNONITE CHURCH, INCORPORATED

**Current Principal Place of Business:**

3506 MACHADO ST  
TAMPA, FL 33605 US

**New Principal Place of Business:**

**Current Mailing Address:**

22642 NEWFIELD COURT  
LAND O LAKES, FL 34639

**New Mailing Address:**

FEI Number: 05-0030122      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WILLIAMS, ROY W  
22642 NEWFIELD CT.  
LAND O LAKES, FL 34639 US

**Name and Address of New Registered Agent:**

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:**

Title: M ( ) Delete  
Name: WILLIAMS, ROY W PASTOR  
Address: 22642 NEWFIELD CT.  
City-St-Zip: LAND - O LAKES, FL 34639 US

Title: D ( ) Delete  
Name: WALCOTT, CARL REV.  
Address: 4913 HEADLAND HILLS DR  
City-St-Zip: TAMPA, FL 33624 US

Title: D ( ) Delete  
Name: MOORE, IRENE REV.  
Address: 5121 SERENA DR.  
City-St-Zip: TAMPA, FL 33617 US

Title: TD ( ) Delete  
Name: SCOTT, KAREN  
Address: 3409 N. 27 TH ST  
City-St-Zip: TAMPA, FL 333605 US

Title: D (X) Delete  
Name: WALCOTT, ANNETTE  
Address: 4913 HEADLANDHILLS DR.  
City-St-Zip: TAMPA, FL 33624 US

Title: D (X) Delete  
Name: GILLARD, TERESA  
Address: 13901 N. FLORIDA AVE. APT. C47  
City-St-Zip: TAMPA, FL 33613 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: WALCOTT, CARL REV.  
Address: 4913 HEADLAND HILLS DR  
City-St-Zip: TAMPA, FL 33624 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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

M

04/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date