

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755597

FILED  
Jan 23, 2012  
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 ( )

**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  
Name: WILLIAMS, ROY W PASTOR  
Address: 22642 NEWFIELD CT.  
City-St-Zip: LAND - O LAKES, FL 34639 US

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

Title: SD  
Name: CARR, JULIE  
Address: 1003 SWEET BREEZE DRIVE  
City-St-Zip: VALRICO, FL 33594 US

Title: TD  
Name: HOSPEDALES, MARCIA  
Address: 8053 FAWN RIDGE CIRCLE  
City-St-Zip: TAMPA, FL 33361 US

Title: D  
Name: FRANCIS, MOLVERE  
Address: 2429 S. ROMONA CIRCLE  
City-St-Zip: TAMPA, FL 33612 US

Title: D  
Name: WALCOTT, ANNETTE  
Address: 4913 HEADLAND HILLS AVE.  
City-St-Zip: TAMPA, FL 33624

I hereby 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 all other like empowered.

SIGNATURE: ROY W WILLIAMS

M

01/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date