

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

04-26-2007 90178 047 ****61.25

DOCUMENT # N02000006391

1. Entity Name
**COMMUNITY RESOURCE CENTER OF COLLEGE HILL,
INC.**



Principal Place of Business
**C/O FIRST BAPT. CHURCH OF COLLEGE HILL
3838 NORTH 29TH STREET
TAMPA, FL 33610**

Mailing Address
**COMM. RESOURCE CTR. OF COLLEGE HILL
3838 NORTH 29TH STREET
TAMPA, FL 33610**



04122007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2057240

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DREW, DEACON LEON L
4414 WILLOWRUN LANE
TAMPA, FL 33624**

**DO NOT WRITE
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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, REV. ABRAHAM
STREET ADDRESS	3602 RIVER GROVE DRIVE
CITY-ST-ZIP	TAMPA, FL 336101654
TITLE	D
NAME	LEE, DEA. ALBERT
STREET ADDRESS	3512 EAST MCBERRY ST.
CITY-ST-ZIP	TAMPA, FL 336106416
TITLE	D
NAME	JÖYNER, DEA. SAMUEL
STREET ADDRESS	6608 N. 33RD ST.
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Brown 4/23/07 (813) 248-6600