

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006391

FILED
Jan 16, 2009
Secretary of State

Entity Name: COMMUNITY RESOURCE CENTER OF COLLEGE HILL, INC.

Current Principal Place of Business:

C/O FIRST BAPT. CHURCH OF COLLEGE HILL
3838 NORTH 29TH STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

C/O FIRST BAPT. CHURCH OF COLLEGE HILL
3838 NORTH 29TH STREET
TAMPA, FL 33610

New Mailing Address:

FEI Number: 41-2057240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DREW, DEACON LEON L
4414 WILLOWRUN LANE
TAMPA, FL 33624 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: D () Delete
Name: BROWN, MACK C JR.
Address: 11232 LONGBROOKE DR.
City-St-Zip: RIVERVIEW, FL 33579

Title: D () Delete
Name: LEE, DEA. ALBERT
Address: 3512 EAST MCBERRY ST.
City-St-Zip: TAMPA, FL 336106416

Title: D () Delete
Name: JOYNER, DEA. SAMUEL
Address: 6608 N. 33RD ST.
City-St-Zip: TAMPA, FL 33610

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: BURROWS, STANLEY E
Address: 6005 HARWELL ESTATES DR.
City-St-Zip: DOVER, FL 33527

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

Title: D/S (X) Change () Addition
Name: JOYNER, DEA. SAMUEL L
Address: 6608 N. 33RD ST.
City-St-Zip: TAMPA, FL 33610

Title: D/T () Change (X) Addition
Name: DREW, LEON L DEACON
Address: 4414 WILLOWRUN LANE
City-St-Zip: TAMPA, FL 33624

Title: D () Change (X) Addition
Name: BROWN, ABRAHAM R REV.
Address: 3602 RIVER GROVE DRIVE
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify 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: STANLEY EVAN BURROWS

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date