

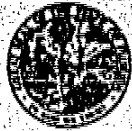
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAR 23 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760824 (3)

1. Corporation Name

COUNTRYSIDE CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

1850 MCMULLEN BOOTH
CLEARWATER FL 34619

1850 MCMULLEN BOOTH
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1981

3a. Date of Last Report

04/06/1994

4. FEI Number

59-2167973

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LLOYD, JOHN A
1491-10TH STREET
PALM HARBOR FL 34683

2035 Indian Creek Ct
Dunedin, FL 34698

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reorganizing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOOKER, THOMAS
STREET ADDRESS	3313 SAN GABRIEL ST
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	CROUCH, JOHN
STREET ADDRESS	4925 S. SHORE DR.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	PD
NAME	LLOYD, JOHN A
STREET ADDRESS	1491-10TH ST
CITY-ST-ZIP	PALM HARBOR, FL 00000
TITLE	VD
NAME	OLSEN, TENNEY C.
STREET ADDRESS	2816 WESLEYAN DRIVE
CITY-ST-ZIP	PALM HARBOR FL
TITLE	TD
NAME	JULIANO, JOHN
STREET ADDRESS	430 PALMDALE DRIVE
CITY-ST-ZIP	OLDSMAR FL
TITLE	D
NAME	GLASS, MICHAEL
STREET ADDRESS	873 VILLAGE WAY
CITY-ST-ZIP	PALM HARBOR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John A Lloyd
3.3 STREET ADDRESS	2035 Indian Creek Ct
3.4 CITY-ST-ZIP	Dunedin, FL 34698
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included in this annual report or supplemental annual 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 12 or Block 13, changed, or in an attachment with an address.

SIGNATURE:

John F. Juliano

John F. Juliano, Treasurer

1/20/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #