

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**



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

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1997**

**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 34619-1814**

3. Date Incorporated or Qualified **11/24/1981**      3a. Date of Last Report **04/26/1996**  
 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**  
 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      28 Zip      29 Country      30 Country

9. Name and Address of Current Registered Agent  
**LLOYD, JOHN A**  
**2035 INDIAN CREEK T**  
**DUNEDIN FL 34698**

10. Name and Address of New Registered Agent  
 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOOKER, THOMAS</b>	1.2 NAME	
STREET ADDRESS	<b>3313 SAN GABRIEL ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROUCH, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>4925 S. SHORE DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LLOYD, JOHN A</b>	3.2 NAME	
STREET ADDRESS	<b>2035 INDIAN CREEK CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLSEN, TENNEY C.</b>	4.2 NAME	
STREET ADDRESS	<b>2030 OTTER WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JULIANO, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>430 PALMDALE DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GLASS, MICHAEL</b>	6.2 NAME	
STREET ADDRESS	<b>873 VILLAGE WAY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on 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 on an appointment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/2/97 (813) 799-1618**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **TENNEY C. OLSEN**      Daytime Phone # **0067153**

CR2E037 (9/96)