


FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760824 (3)
1. Corporation Name
COUNTRYSIDE CHRISTIAN CENTER, INC.



Principal Place of Business 1850 MCMULLEN BOOTH CLEARWATER FL 34619	Mailing Address 1850 MCMULLEN BOOTH CLEARWATER FL 34619
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3. Date Incorporated or Qualified 11/24/1981	
4. FEI Number 59-2167973	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**LLOYD, JOHN A
2035 INDIAN CREEK T
DUNEDIN FL 34896**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOOKER, THOMAS	1.2 NAME	Paino, Paul E.
STREET ADDRESS	3313 SAN GABRIEL ST	1.3 STREET ADDRESS	11609 AUBURN RD
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	FT WAYNE, IN 46745
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROUCH, JOHN	2.2 NAME	Paino, Paul C.
STREET ADDRESS	4925 S. SHORE DR.	2.3 STREET ADDRESS	1400 W. WASHINGTON CTR RD.
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	FORT WAYNE, IN 46825
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, JOHN A	3.2 NAME	Lloyd, John A.
STREET ADDRESS	2035 INDIAN CREEK CT	3.3 STREET ADDRESS	2035 INDIAN CREEK CT
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLSEN, TENNEY C.	4.2 NAME	Wolfe, Jack
STREET ADDRESS	2030 OTTER WAY	4.3 STREET ADDRESS	1555 St. Julian Street
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	SWANNE, CA 30024
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIANO, JOHN	5.2 NAME	Howell, Kevin
STREET ADDRESS	430 PALMDALE DRIVE	5.3 STREET ADDRESS	P.O. Box 606
CITY-ST-ZIP	OLDSMAR FL	5.4 CITY-ST-ZIP	ODESSA, FL 33556 (N/A)
TITLE	PD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TARR, JAMES	6.2 NAME	Kutzner, Dennis
STREET ADDRESS	1893 OAKDALE LANE S.	6.3 STREET ADDRESS	4450 N. 50th WEST
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	ANGOLA, IN 46703

SEE ALSO NEXT PAGE

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: Rev. Bishop [Signature] SECRETARY 3-19-98 813 799-1618

CR2E037 (10/97)