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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 760824

1. Corporation Name
COUNTRYSIDE CHRISTIAN CENTER, INC.

559950 - 90057 - 17

Principal Place of Business
1850 MCMULLEN BOOTH CLEARWATER FL 34619

Mailing Address
1850 MCMULLEN BOOTH CLEARWATER FL 34619



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/24/1981	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-2167973	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LLOYD, JOHN A 2035 INDIAN CREEK T DUNEDIN FL 34698				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85
				CLEARWATER			33761

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	SD
NAME	PAINO, PAUL E.	1.2 NAME	Davis, Clayton
STREET ADDRESS	11609 AUBURN RD	1.3 STREET ADDRESS	360 Westwinds Dr.
CITY-ST-ZIP	FT. WAYNE IN 46845	1.4 CITY-ST-ZIP	Palm Harbor, FL. 34683
TITLE	VD	2.1 TITLE	PD
NAME	PAINO, PAUL C.	2.2 NAME	Mitchell, Mark
STREET ADDRESS	1400 W. WASHINGTON CTR. RD	2.3 STREET ADDRESS	3037 Woodsong Lane
CITY-ST-ZIP	FORT WAYNE IN 46825	2.4 CITY-ST-ZIP	Clearwater, FL. 33761
TITLE	PD	3.1 TITLE	CD
NAME	LLOYD, JOHN A	3.2 NAME	Paino, Paul Craig
STREET ADDRESS	2035 INDIAN CREEK CT	3.3 STREET ADDRESS	1400 West Washington Ctr. Dr.
CITY-ST-ZIP	DUNEDIN FL 34698	3.4 CITY-ST-ZIP	Ft. Wayne, IN. 46825
TITLE	VD	4.1 TITLE	TD
NAME	WOLFE, JACK	4.2 NAME	Steuer, Michael
STREET ADDRESS	1555 ST. JULIAN STREET	4.3 STREET ADDRESS	2613 Bellhurst Drive
CITY-ST-ZIP	SWANNE GA 30024	4.4 CITY-ST-ZIP	Dunedin, FL. 34698
TITLE	T	5.1 TITLE	VD
NAME	HOWELL, KEVIN	5.2 NAME	Strayer, Bill
STREET ADDRESS	P.O. BOX 606 N/A	5.3 STREET ADDRESS	2640 Orchard Highlands, Dr.
CITY-ST-ZIP	ODESSA FL 33556	5.4 CITY-ST-ZIP	Palm Harbor, FL. 34684
TITLE	SD	6.1 TITLE	DD
NAME	KUTZNER, DENNIS	6.2 NAME	Wolff, William
STREET ADDRESS	4450 N. 56TH WEST	6.3 STREET ADDRESS	3087 Tarpon Woods Blvd.
CITY-ST-ZIP	ANGOLA IN 46703	6.4 CITY-ST-ZIP	Palm Harbor, FL. 34685

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, with all other like empowered.

SIGNATURE: S. W. A. B. U. R. W. J. R. E. A. S. T. S. E. C. / T. R. E. A. S. T. 4-19-99 727 799-1618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)