

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90307 011 ****61.25

DOCUMENT # 760824

1. Entity Name

COUNTRYSIDE CHRISTIAN CENTER, INC.

Principal Place of Business

1850 MCMULLEN BOOTH
 CLEARWATER FL 34619

Mailing Address

1850 MCMULLEN BOOTH
 CLEARWATER FL 33759-1814

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2167973

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LLOYD, JOHN A
2810 COUNTRY SIDE BLVD
STE 1
CLEARWATER FL 33761

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MITCHELL, MARK	
STREET ADDRESS	3037 WOODSONG LN	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PAINO, PAUL C.	
STREET ADDRESS	1400 W. WASHINGTON CTR. RD	
CITY-ST-ZIP	FORT WAYNE IN 46825	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STRAYER, BILL	
STREET ADDRESS	2640 ORCHARD HIGHLANDS DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEURER, MICHAEL	
STREET ADDRESS	2613 BELHURST DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	WOLFF, WILLIAM	
STREET ADDRESS	3087 TARPON WOODS BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, CLAYTON	
STREET ADDRESS	360 WESTWINDS DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARSON, KENNETH	
STREET ADDRESS	3213 GLENRIDGE COURT	
CITY-ST-ZIP	PALM HARBOR, FL 34685-1730	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D. Steurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 727-733-7638
 Date Daytime Phone #

CR2E037 (9/99)