

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91612 013 ****61.25

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DOCUMENT # 760824

1. Entity Name

COUNTRYSIDE CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

**1850 MCMULLEN BOOTH
 CLEARWATER FL 34619**

**1850 MCMULLEN BOOTH
 CLEARWATER FL 34619**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2167973

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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	CD	<input type="checkbox"/> Delete
NAME	MITCHELL, MARK	
STREET ADDRESS	3037 WOODSONG LN	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PEARSON, KENNETH	
STREET ADDRESS	3213 GLENRIDGE CT	
CITY-ST-ZIP	PALM HARBOR FL 34685-1730	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PITCHON, SOL	
STREET ADDRESS	467 BRIDLE PATH WAY	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEUER, 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	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN LLOYD	
STREET ADDRESS	1850 MCMULLEN BOOTH RD.	
CITY-ST-ZIP	CLEARWATER FL 34619	
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		
TITLE	DD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENN DAVIS	
STREET ADDRESS	1850 MCMULLEN BOOTH RD.	
CITY-ST-ZIP	CLEARWATER, FL 34619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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 K. Steuer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02

Date

727-733-7638

Daytime Phone #