


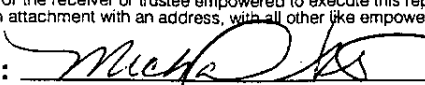
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90716 044 ****61.25

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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 34619			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		04262004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2167973				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, MARK		NAME	KEN GAUB	
STREET ADDRESS	3037 WOODSONG LN		STREET ADDRESS	1850 MCMULLEN BOOTH RD	
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP	CLEARWATER FL 34659	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARSON, KENNETH		NAME	DAVIS, GLENN	
STREET ADDRESS	3213 GLENRIDGE CT		STREET ADDRESS	354 LAKEWOOD DR	
CITY-ST-ZIP	PALM HARBOR, FL 346851730		CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITCHON, SOL		NAME	POWER, BROOKE	
STREET ADDRESS	467 BRIDLE PATH WAY		STREET ADDRESS	4046 EXECUTIVE DR.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEUER, MICHAEL		NAME		
STREET ADDRESS	2613 BELHURST DR		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
TITLE	DD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, JOHN		NAME		
STREET ADDRESS	1850 MCMULLEN BOOTH RD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 34619		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CLAYTON		NAME		
STREET ADDRESS	360 WESTWINDS DR		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34683		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: 		TREASURER		4/25/04 727-441-8444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	