

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760824

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** COUNTRYSIDE CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

1850 MCMULLEN BOOTH  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

1850 MCMULLEN BOOTH  
CLEARWATER, FL 33759

**New Mailing Address:**

FEI Number: 59-2167973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, GLENN A  
554 LAKEWOOD DR.  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MITCHELL, MARK  
Address: 3037 WOODSONG LN  
City-St-Zip: CLEARWATER, FL 33761

Title: D  
Name: PEARSON, KENNETH  
Address: 3213 GLENRIDGE CT  
City-St-Zip: PALM HARBOR, FL 346851730

Title: CD  
Name: PITCHON, SOL  
Address: 467 BRIDLE PATH WAY  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD  
Name: STEUER, MICHAEL  
Address: 2613 BELHURST DR  
City-St-Zip: DUNEDIN, FL 34698

Title: DP  
Name: KONRAD, BILL  
Address: 3617 TOWN AVENUE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: STFF  
Name: POWELL, MATTHEW J  
Address: 2685 CRYSTAL CIR  
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL STEUER

T

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date