

760824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500275443575

07/30/15--01007--016 \*\*35.00

RA address  
change

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 JUL 30 PM 1:31

FILED

JUL 31 2015  
A RAMSEY

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COUNTRYSIDE CHRISTIAN CENTER  
Name of Corporation

**DOCUMENT NUMBER:** 760824

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GLEN GAMMON  
Name of Contact Person

COUNTRYSIDE CHRISTIAN CENTER  
Firm/Company

1850 MC MULLEN BOOTH ROAD  
Address

CLEARWATER, FL. 33759  
City/State and Zip Code

GGAMMON@COUNTRYSIDE.CC  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PASTOR GLEN GAMMON at (727) 799-1618 x 1825  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COUNTRYSIDE CHRISTIAN CENTER, INC.  
2. The principal office address: 1850 McMullen Booth Rd.  
CLEARWATER, FL 33759  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/24/1981 Document number: 760824

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

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

} MOVED TO ADDRESS BELOW.

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GLENN A. DAVIS  
728 WELLINGTON COURT  
P.O. Box NOT acceptable  
OLDSMAR, FL 34677

FILED  
2015 JUL 30 PM 1:31  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Mark Mitchell President  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*