

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90733 014 ****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 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

CHECK HERE IF MAKING CHANGES



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)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD MITCHELL, MARK 3037 WOODSONG LN CLEARWATER FL 33761 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PEARSON, KENNETH 3213 GLENRIDGE CT PALM HARBOR FL 34685-1730 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PITCHON, SOL 467 BRIDLE PATH WAY TARPON SPRINGS FL 34689 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD STEUER, MICHAEL 2613 BELHURST DR DUNEDIN FL 34698 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD LLOYD, JOHN 1850 MCMULLEN BOOTH RD CLEARWATER FL 34619 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DAVIS, CLAYTON 360 WESTWINDS DR PALM HARBOR FL 34683 | <input type="checkbox"/> Delete |

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

ST. MICHAEL'S REQUIRE Treasurer

4/29/03 727-733-7638

CR2E037 (10/02)

attachment

90119937

#760824

Countryside Christian Center, Inc.

Officer Continuation Sheet:

D

Gaub, Ken

1850 McMullen Booth Rd.

Clearwater, FI 34659

D

Davis, Glenn

554 Lakewood Dr.

Oldsmar, FI 34677

D

Powers, Brooke

4046 Executive Dr.

Palm Harbor, FI 34685