FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:15

DOCUMENT # 702426 (8)

1. Corporation Name
COUNTRYSIDE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
10926 N.W. 39TH AVE. GAINESVILLE FL 32606-1925	10926 N.W. 39TH AVE. GAINESVILLE FL 32606-1925

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1961
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-1209692 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KEITH,WILLIAM E
5400 NW 143 STREET
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1075 CRESCENT DRIVE
83 CRYSTAL RIVER
84 City FL 85 Zip Code 34429

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE William E. Keith WILLIAM E. KEITH 2-1-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	KEITH,WILLIAM E	1.2 NAME	
STREET ADDRESS	5400 NW 143 STREET	1.3 STREET ADDRESS	1075 CRESCENT DRIVE
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	CRYSTAL RIVER, FLA. 34429
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	KEITH, WILLIAM E. J	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 206, N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	OTTER CREEK FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, BILLIE J	3.2 NAME	
STREET ADDRESS	2928 S.W.47TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVLLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BOALS, DONALD	4.2 NAME	
STREET ADDRESS	0600 SW 69TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	STUART,CAMPBELL	5.2 NAME	
STREET ADDRESS	ROUTE 1 BOX A 139	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKER FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	KEITH, TUELAH	6.2 NAME	
STREET ADDRESS	5400 NW 143 STREET	6.3 STREET ADDRESS	1075 CRESCENT DRIVE
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	CRYSTAL RIVER, FLA. 34429

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E. Keith WILLIAM E. KEITH 2-1-95 904-332-9731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0020674