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FILED

May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702426 (8)

1. Corporation Name

COUNTRYSIDE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

10926 N.W. 39TH AVE.
GAINESVILLE FL 32606-192510926 N.W. 39TH AVE.
GAINESVILLE FL 32606-49253. Date Incorporated or Qualified
05/13/19613a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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4. FEI Number
59-1209692Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

KEITH, WILLIAM E
1075 CRESCENT DRIVE
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEITH, WILLIAM E	
STREET ADDRESS	1075 CRESCENT DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KEITH, WILLIAM E. J	
STREET ADDRESS	POST OFFICE BOX 206, N/A	
CITY-ST-ZIP	OTTER CREEK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBBINS, BILLIE J	
STREET ADDRESS	2928 S.W. 47TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOALS, DONALD	
STREET ADDRESS	8600 SW 89TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STUART, CAMPBELL	
STREET ADDRESS	ROUTE 1 BOX A 139	
CITY-ST-ZIP	BROOKER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KEITH, TUELAH	
STREET ADDRESS	1075 CRESCENT DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jack Smith	
1.3 STREET ADDRESS	927 N.E. 10 Ave	
1.4 CITY-ST-ZIP	Gainesville, Florida 32601	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William Gracy	
2.3 STREET ADDRESS	Rt. 3 Box 23	
2.4 CITY-ST-ZIP	Hawthorne, Florida 32640	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Steve Carlson	
3.3 STREET ADDRESS	Rt. 1 Box 80	
3.4 CITY-ST-ZIP	High Springs, Florida 32643	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Louie Giesler	
4.3 STREET ADDRESS	4828 S.W. 177 Street	
4.4 CITY-ST-ZIP	Archer, Florida 32618	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jim Keith	
5.3 STREET ADDRESS	3731 S.W. 19 Street	
5.4 CITY-ST-ZIP	Gainesville, Florida 32608	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robbie Robertson	
6.3 STREET ADDRESS	18203 N.W. 23 Place	
6.4 CITY-ST-ZIP	Newberry, Florida 32669	

14. I do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 1997 352-332-9731

Date

Daytime Phone #0011031

CR2E037 (9/96)