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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90133 050 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702426

1. Corporation Name

COUNTRYSIDE BAPTIST CHURCH, INC.

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

Mailing Address
10926 N.W. 39TH AVE.
GAINESVILLE FL 32606-1925



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
05/13/1961

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1209692

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEITH, WILLIAM E
1075 CRESCENT DRIVE
CRYSTAL RIVER FL 34429

81 Name
WILLIAM E. KEITH

82 Street Address (P.O. Box Number is Not Acceptable)
5402 NW 143 STREET

83

84 City Gainesville, FL 85 Zip Code 32606

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 *William E. Keith*
Signature, typed or printed name of registered agent and title if applicable.

WILLIAM E. KEITH PD

May 13, 1999
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KEITH, WILLIAM E
STREET ADDRESS 1075 CRESCENT DRIVE
CITY-ST-ZIP CRYSTAL RIVER FL

☒ DELETE

1.1 TITLE PD
1.2 NAME KEITH, WILLIAM E.
1.3 STREET ADDRESS 5402 NW 143 STREET
1.4 CITY-ST-ZIP GAINESVILLE, FL 32606

☒ Change ☐ Addition

TITLE VD
NAME KEITH, WILLIAM E. J
STREET ADDRESS POST OFFICE BOX 206, N/A
CITY-ST-ZIP OTTER CREEK FL

☒ DELETE

2.1 TITLE VD
2.2 NAME KEITH, WILLIAM E. JR
2.3 STREET ADDRESS 350 SE STATE ROAD 24
2.4 CITY-ST-ZIP OTTER CREEK, FL 32683

☒ Change ☐ Addition

TITLE Y
NAME MARTIN, BILLIE J.
STREET ADDRESS 2928 S.W. 47TH STREET
CITY-ST-ZIP GAINESVILLE FL 32606

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME BOALS, DONALD
STREET ADDRESS 8600 SW 89TH AVE
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ROBERTSON, ROBBIE
STREET ADDRESS 18203 NW 23RD PLACE
CITY-ST-ZIP NEWBERRY FL 32669

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME KEITH, TUELAH
STREET ADDRESS 1075 CRESCENT DRIVE
CITY-ST-ZIP CRYSTAL RIVER FL

☒ DELETE

6.1 TITLE S
6.2 NAME KEITH, TUELAH
6.3 STREET ADDRESS 5402 NW 143 STREET
6.4 CITY-ST-ZIP GAINESVILLE, FL 32606

☒ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: *William E. Keith* WILLIAM E. KEITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/99 352-332-1493
Date Daytime Phone #

CR2E037 (11/98)