

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90009 039 ****61.25

DOCUMENT # 702426

1. Entity 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**

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

59-1209692

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEITH, WILLIAM E
2710 SW 170 ST.
NEWBERRY FL 32669**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	KEITH, WILLIAM E	2710 SW 170 ST.	NEWBERRY FL 32669				
VD	KEITH, WILLIAM E. J	POST OFFICE BOX 206, N/A	OTTER CREEK FL				
T	MARTIN, BILLIE J.	2928 S.W.47TH STREET	GAINESVILLE FL 32606				
D	BOALS, DONALD	8600 SW 89TH AVE	GAINESVILLE FL				
D	ROBERTSON, ROBBIE	18203 NW 23RD PLACE	NEWBERRY FL 32669				
S	KEITH, TUELAH	2710 SW 170 ST.	NEWBERRY FL 32669				

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:

William E. Keith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/6/01**

Date

(352) 332-1493

Daytime Phone #

CR2E037 (10/00)