

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2002 8:00 am
Secretary of State

08-29-2002 90083 022 ****61.25

DOCUMENT # 702426

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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

William Keith, Pastor

8-27-2002

DATE

(NOTE: Registered Agent signature required when reinstating)

After September 13, 2002,
min. will be \$236.25.

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

TITLE **PD** ☐ Delete
 NAME **KEITH, WILLIAM E**
 STREET ADDRESS **2710 SW 170 ST.**
 CITY-ST-ZIP **NEWBERRY FL 32669**

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

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

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

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

TITLE **S** ☐ Delete
 NAME **KEITH, TUELAH**
 STREET ADDRESS **2710 SW 170 ST.**
 CITY-ST-ZIP **NEWBERRY FL 32669**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
 NAME **David Keith**
 STREET ADDRESS **5402 N.W. 143rd Street**
 CITY-ST-ZIP **Gainesville, Florida 32606**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Keith*
 Signature and typed or printed name of signing officer or director

8-27-2002

352-332-9731

CR2E037 (4/02)