


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2007 08:00 AM
Secretary of State**

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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KEITH, WILLIAM E 2710 SW 170 ST. NEWBERRY, FL 32669		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEITH, WILLIAM E 2710 SW 170 ST. NEWBERRY, FL 32669	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEITH, DAVID 5402 NW 143RD STREET GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, BILLIE J. 2930 SW 47TH STREET GAINESVILLE, FL 32608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOALS, DONALD 8600 SW 89TH AVE GAINESVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, ROBBIE 18203 NW 23RD PLACE NEWBERRY, FL 32669	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 exemptions contained in Chapter 119, 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: <u>William E Keith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date <u>Jan 3, 2007</u> Daytime Phone # _____		



01042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-1209692

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

U00000583629
01/12/07-80004-021 70.00

**DO NOT WRITE
IN THIS SPACE**