2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 01, 2008 08:00 AN DOCUMENT # 702426 **Secretary of State** 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-1209692 Not Applicable Country Zip $Z_{\rm ID}$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEITH, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 2710 SW 170 ST. **NEWBERRY FL 32669** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in it e State of Florida 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed curre of registered agent and title if copi cable (NOTE: Registered Agent signal) to required when reinstating) CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change TITLE ☐ Delete Addition KEITH, WILLIAM E NAME NAME U00000811663 2710 SW 170 ST. STREET ADDRESS STREET ADDRESS 02/12/08-80016-005 61.25 NEWBERRY FL 32669 CITY-ST-ZIP CITY-ST-ZIP Delate TITLE ☐ Change TITLE Addition KEITH, DAVID NAME MAME 5402 NW 143RD STREET STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32606 CITY-ST-ZiP CITY-ST-ZIP TITLE TITLE Delete Change □ Addition MARTIN, BILLIE J. NAME NAME STREET ADDRESS 2930 SW 47TH STREET STREET ADDRESS **GAINESVILLE FL 32608** CITY-ST-Z:P CITY-ST-7IP Delete TITLE Change Addition T: ILF BOALS, DONALD NAME NAME STREET ADDRESS 8600 SW 89TH AVE STREET ADDRESS CITY+ST-ZIP GAINESVILLE FL CITY-ST-Z:P THE ☐ Delete TITLE ☐ Change ☐ Addition ROBERTSON, ROBBIE NAME NAME 18203 NW 23RD PLACE STREET AUDRESS STREET ADDRESS NEWBERRY FL 32669 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition KEITH, TUELAH NAME NAME 2710 SW 170 ST. STREET ADDRESS STREET ADDRESS NEWBERRY FL 32669 CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 oatri, 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: