

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702426

FILED
Jan 08, 2009
Secretary of State

Entity Name: COUNTRYSIDE BAPTIST CHURCH, INC.

Current Principal Place of Business:

10926 N.W. 39TH AVE.
GAINESVILLE, FL 326061925

New Principal Place of Business:

Current Mailing Address:

10926 N.W. 39TH AVE.
GAINESVILLE, FL 326061925

New Mailing Address:

FEI Number: 59-1209692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEITH, WILLIAM E,
Address: 2710 SW 170 ST.
City-St-Zip: NEWBERRY, FL 32669

Title: VD () Delete
Name: KEITH, DAVID
Address: 5402 NW 143RD STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: T () Delete
Name: MARTIN, BILLIE J.
Address: 2930 SW 47TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: BOALS, DONALD,
Address: 8600 SW 89TH AVE
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: ROBERTSON, ROBBIE
Address: 18203 NW 23RD PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: S () Delete
Name: KEITH, TUELAH,
Address: 2710 SW 170 ST.
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MARTIN, BILLIE J.
Address: 2930 SW 45TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. KEITH

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date