FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742473 (2)

1. Corporation Name

COUNTRYSIDE COVENANT CHURCH OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
2289 N. HERCULES AVENUE CLEARWATER..FL 34623-2326	2289 N. HERCULES AVENUE CLEARWATER..FL 34623-2326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 51-0234469 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~PETERSON, JACK A~~
C/O COUNTRYSIDE COVENANT CHURCH
2289 N HERCULES AVE
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

81 Name: LARSON, ROBERT L. SR.
82 Street Address (P.O. Box Number is Not Acceptable): C/O COUNTRYSIDE COVENANT CHURCH
83: 2289 N. HERCULES AVE
84 City: CLEARWATER FL 85 FL Zip Code: 34623

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

*SIGNATURE: Robert L. Larson Sr. 2/9/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	S.D.	☒ Change ☐ Addition
NAME	LARSON, ROBERT L. SR.	1.2 NAME	LINDA WHITTIE	
STREET ADDRESS	2134 BEECHER ROAD	1.3 STREET ADDRESS	8298 125TH CIR. N.	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	LARGO, FL. 34643	
TITLE	D	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	BLUME, MARY	2.2 NAME	ALAN ANWAY	
STREET ADDRESS	2259 COSTA RICAN DRIVE #21	2.3 STREET ADDRESS	4159 MALLARD DR.	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	SAFETY HARBOR, FL. 34695	
TITLE	D VC	3.1 TITLE		☐ Change ☐ Addition
NAME	WALLEN, JOHN	3.2 NAME		
STREET ADDRESS	2234 CYPRESS POINT DR. N.	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34623	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	~~PETERSON, JACK~~	4.2 NAME		
STREET ADDRESS	1435 WESTLAKE BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, DORIS	5.2 NAME		
STREET ADDRESS	8134 DINSMORE	5.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34613	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~NARRIAULT~~, JEFF	6.2 NAME	BARRIAULT JEFF	
STREET ADDRESS	2281 HERCULES AVE.	6.3 STREET ADDRESS	2281 HERCULES AVE	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	CLEARWATER, FL 34623	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert L. Larson Sr. ROBT. L. LARSON SR. 1/27/95 813-733-5940
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068847