

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 742473 (2)
1. Corporation Name
COUNTRYSIDE COVENANT CHURCH OF CLEARWATER, INC.



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

Mailing Address
2289 N HERCULES AVENUE
CLEARWATER, FL 34623-2326

3. Date Incorporated or Qualified
04/14/1978

3a. Date of Last Report
03/02/1995

4. FEI Number
51-0234469

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARSON, ROBERT L.
C/O COUNTRYSIDE COVENANT CHURCH
2289 N HERCULES AVE
CLEARWATER FL 34623

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	SD	1.1 TITLE	TREASURER
NAME	WHITTIE, LINDA	1.2 NAME	JACK A. PETERSON
STREET ADDRESS	8298 125TH CIR N	1.3 STREET ADDRESS	1435 WESTLAKE BLVD
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE	ANWAY, ALAN	2.1 TITLE	DIRECTOR
NAME	ANWAY, ALAN	2.2 NAME	ALAN ANWAY
STREET ADDRESS	4159 MALLARD DR	2.3 STREET ADDRESS	8031 COUNTRYSIDE BLVD
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	D	3.1 TITLE	ROBERT L. LARSON
NAME	WALLEN, JOHN	3.2 NAME	2134 BEECHER RD.
STREET ADDRESS	2234 CYPRESS POINT DR. N.	3.3 STREET ADDRESS	CLEARWATER FL 34623
CITY-ST-ZIP	CLEARWATER FL 34623	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)