


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1978		3a. Date of Last Report 03/26/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 51-0234469		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent LARSON, ROBERT L. C/O COUNTRYSIDE COVENANT CHURCH 2289 N HERCULES AVE CLEARWATER FL 34623				10. Name and Address of New Registered Agent 81 Name ALLAN ANWAY 82 Street Address C/O COUNTRYSIDE COVENANT CHURCH 83 2289 N. HERCULES AVE 84 City CLEARWATER FL 85 Zip Code 34623			
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14. 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 Alan Anway Alan Anway (Chairman) 5/8/97
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PETERSON, JACK A		1.2 NAME				
STREET ADDRESS	1435 WESTLAKE BLVD		1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL 34883		1.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ANWAY, ALAN		2.2 NAME	GEORGE FINANCIAL INC/D			
STREET ADDRESS	3031 COUNTRYSIDE BLVD		2.3 STREET ADDRESS	GEORGE ANDERSON			
CITY-ST-ZIP	CLEARWATER FL 34621		2.4 CITY-ST-ZIP	2289 N. HERCULES AVE			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LARSON, ROBERT L		3.2 NAME	GORDON CHRISTENSEN			
STREET ADDRESS	2134 BELCHER RD		3.3 STREET ADDRESS	VICE PRESIDENT/D			
CITY-ST-ZIP	CLEARWATER FL 34623		3.4 CITY-ST-ZIP	2289 N. HERCULES AVE			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Alan Anway Alan Anway (Chairman) 5/8/97
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (9/96)