

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **747818**

1. Entity Name

COUNTRYSIDE BAPTIST CHURCH OF DOVER, INC.

FILED

Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90004 032 ****70.00

Principal Place of Business

**3101 SYDNEY DOVER RD
DOVER FL 32527
US**

Mailing Address

**3101 SYDNEY DOVER RD
DOVER FL 33527
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P. O. Box 339

Suite, Apt. #, etc.

Dover, Florida

33527

Country

4. FEI Number

59-1551643

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**NORMAN, CHRISTOPHER H
HINES NORMAN & ASSOCIATES, P.L.
315 SOUTH HYDE PARK AVENUE
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **NORMAN, CHRISTOPHER**
STREET ADDRESS **2905 JAMES MELVIN DRIVE**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **SD** ☒ Delete
NAME **MORROW, D. WILLIAM**
STREET ADDRESS **4902 SOUTH WALLACE ROAD**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **DV** ☐ Delete
NAME **TAYLOR, HARRY D**
STREET ADDRESS **13931 WALDEN SHEFFIELD ROAD**
CITY-ST-ZIP **DOVER FL 33527**

TITLE **SD** ☐ Delete
NAME **Ronnie Wingate**
STREET ADDRESS **4325 Bethlehem Road**
CITY-ST-ZIP **DOVER, FL 33527**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Norman, Christopher**
STREET ADDRESS **3524 Tindle Road**
CITY-ST-ZIP **Plant City, FL 33565**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **Ronnie Wingate**
STREET ADDRESS **4325 Bethlehem Road**
CITY-ST-ZIP **Dover, FL 33527**

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher H. Norman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/02 813-251-8659

Date

Daytime Phone #

CR2E037 (9/01)