

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 747818

1. Entity Name
COUNTRYSIDE BAPTIST CHURCH OF DOVER, INC.



Principal Place of Business
**1332 SYDNEY RD.
DOVER, FL 32527 US**

Mailing Address
**P.O. BOX 339
DOVER, FL 33527 US**



01042005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1551643

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CLARK, STEVE 2833 AL SIMMONS RD DOVER, FL 33527 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD TAYLOR, HARRY D 13931 WALDEN SHEFFIELD ROAD DOVER, FL 33527 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WINGATE, RONNIE 4325 BETHLEHEM ROAD DOVER, FL 33527 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KIDD, JOEL 2731 DOVER RD, PO BOX 24 DOVER, FL 33527 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/13/05-80023-007 70.00

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IN THIS SPACE**

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: Ronnie Wingate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-05

813-571-8200

Date

Daytime Phone #