


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90014 023 \*\*\*\*70.00

<b>DOCUMENT # 747818</b> 1. Entity Name <b>COUNTRYSIDE BAPTIST CHURCH OF DOVER, INC.</b>					
Principal Place of Business 1332 SYDNEY RD. DOVER FL 32527 US			Mailing Address P.O. BOX 339 DOVER FL 33527 US		
2. Principal Place of Business - No P.O. Box # <b>13422 Sydney Road</b>			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Dover, Florida</b>			City & State		
Zip <b>33527</b>		Country <b>US</b>		Zip Country	
6. Name and Address of Current Registered Agent  <b>NORMAN, CHRISTOPHER H          HINES NORMAN &amp; ASSOCIATES, P.L.          315 SOUTH HYDE PARK AVENUE          TAMPA FL 33606</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <span style="float: right;">1-23-07</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make Check Payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	VD CLARK, STEVE 2833 AL SIMMONS RD DOVER FL 33527 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	P/D Clark, Steve 2833 Al Simmons Rd. Dover, FL 33527 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD TAYLOR, HARRY D 13931 WALDEN SHEFFIELD ROAD DOVER FL 33527 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	V/D Eakins, Charles 4004 Turkey Creek Rd. Plant City, FL 33567 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PD WINGATE, RONNIE 4325 BETHLEHEM ROAD DOVER FL 33527 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	S/D Messick, Sam 5009 S. Gugg Road Plant City, FL 33567 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD KIDD, JOEL 2731 DOVER RD, PO BOX 24 DOVER FL 33527 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-07

813-571-8200

Date

Daytime Phone #