2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90019 026 ****70.00

DOCUMENT # 747818

1. Entity Name

COUNTRYSIDE BAPTIST CHURCH OF DOVER, INC.

Principal Place of Business	Mailing Address
13422 SYDNEY RD DOVER FL 33527 US	P.O. BOX 339 DOVER FL 33527 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
NORMAN,-CHRISTOPHER H HINES NORMAN & ASSOCIATES, P.L. 315 SOUTH HYDE PARK AVENUE TAMPA FL 33606	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. 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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLARK, STEVE 2833 AL SIMMONS RD DOVER FL 33527	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Eakins, Charles 4004 Turkey Creek Rd. Plant City, FL 33567	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EAKINS, CHARLES 4004 TURKEY CREEK RD PLANT CITY FL 33567	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Messick, Sam 5009 South Bugg Rd. Plant City, FL 33567	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MESSICK, SAM 5009 SOUTH BUGG RD PLANT CITY FL 33567	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Connatser, Jimmy 14576 Blackjack Rd. Dover, FL 33527	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KIDD, JOEL 2731 DOVER RD, PO BOX 24 DOVER FL 33527	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Joel Kidd 2-4-08 813-571-8200

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING REPORT OR DIRECTOR