

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747818

FILED
May 08, 2009
Secretary of State

Entity Name: COUNTRYSIDE BAPTIST CHURCH OF DOVER, INC.

Current Principal Place of Business:

13422 SYDNEY RD
DOVER, FL 33527 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 339
DOVER, FL 33527 US

New Mailing Address:

13422 SYDNEY RD
DOVER, FL 33527 US

FEI Number: 59-1551643 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EAKINS, CHARLES
Address: 4004 TURKEY CREEK ROAD
City-St-Zip: DOVER, FL 33527

Title: VD () Delete
Name: MESSICK, SAM
Address: 5009 SOUTH BUGG ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: SD () Delete
Name: CONNATSER, JIMMY
Address: 14576 BLACKJACK ROAD
City-St-Zip: DOVER, FL 33527

Title: TD () Delete
Name: KIDD, JOEL
Address: 2731 DOVER RD, PO BOX 24
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES EAKINS

PD

05/08/2009

Electronic Signature of Signing Officer or Director

Date