2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# N00000007763

Entity Name: COUNTRYSIDE BAPTIST CHURCH OF LAKE MARY, INC.

Current Principal Place of Business:

590 S COUNTRY CLUB ROAD
LAKE MARY, FL 32795

New Principal Place of Business:

Current Mailing Address:

PO BOX 950418
LAKE MARY, FL 327950418

New Mailing Address:

FEI Number: 59-3684189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANCUSO, JOSEPH S
108 FAIRLAND CIR
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

MANCUSO, JOSEPH S
108 FAIRLANE CIR
SANFORD, FL 32773 US

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: _____ 04/21/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WYNN, SHANE
Address: 276 ABBOTT AVE
City-St-Zip: LAKE MARY, FL 32746

Title: VD ( ) Delete
Name: MANCUSO, JOSEPH
Address: 108 FAIRLANE CIR
City-St-Zip: SANFORD, FL 32773

Title: TD ( ) Delete
Name: ABELL, KEITH
Address: 362 CLERMONT AVE
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: WYNN, BENJAMIN C
Address: 2103 SPRUCE ST
City-St-Zip: DELAND, FL 32724

Title: D ( ) Change (X) Addition
Name: BRADHAM, BURYL O
Address: 411 BELLE AVE
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Change (X) Addition
Name: TAYLOR, NEIL
Address: 204 FISHER PLACE
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHANE A WYNN P 04/21/2004
Electronic Signature of Signing Officer or Director — Date