

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

07 SEP -6 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09012007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N00000007763</b>					
1. Entity Name COUNTRYSIDE BAPTIST CHURCH OF LAKE MARY, INC.					
Principal Place of Business 590 S COUNTRY CLUB ROAD LAKE MARY, FL 32795			Mailing Address PO BOX 950418 LAKE MARY, FL 32795-0418		
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 59-3684189	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MANCUSO, JOSEPH S 108 FAIRLANE CIR SANFORD, FL 32773			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 re-registering) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNN, SHANE		NAME	David H. Norton	
STREET ADDRESS	276 ABBOTT AVE		STREET ADDRESS	4253 Meeting Place	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	Sanford, FL 32773	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCUSO, JOSEPH		NAME		
STREET ADDRESS	108 FAIRLANE CIR		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32773		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORSER, DON		NAME		
STREET ADDRESS	3749 SIPES AVE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32773		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADHAM, BURL O		NAME		
STREET ADDRESS	411 BELLE AVE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOE		NAME	Robert C. Wynn	
STREET ADDRESS	1504 S LEE AVE		STREET ADDRESS	222 Volusia Ave.	
CITY-ST-ZIP	ORLANDO, FL 32805		CITY-ST-ZIP	Lake Helen, FL 32744	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>David H. Norton</u> / <u>David H. Norton</u> 9/2/07 (407) 324-0701 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					