## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006498

City-St-Zip:

Entity Name: COUNTRYSIDE BOYS BASKETBALL CLUB, INC.

FILED Apr 17, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 68 CRANE DRIVE 2155 CIELO CIRCLE EAST SAFETY HARBOR, FL 34695 CLEARWATER, FL 33579 **Current Mailing Address: New Mailing Address:** 68 CRANE DRIVE 2155 CIELO CIRCLE EAST SAFETY HARBOR, FL 34695 CLEARWATER, FL 33579 FEI Number: 54-2125954 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: F&LCORP 200 LAURA STREET JACKSONVILLE, FL 32202 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete ( ) Change (X) Addition CASH, JEFFERY L Name: Name: Address: Address: 3044 DOMINION CT. City-St-Zip: City-St-Zip: SAFETY HARBOR, FL 34695 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: MELTON, MIKE Address: Address: 3043 KEVLYN CT. City-St-Zip: City-St-Zip: SAFETY HARBOR, FL 34695 Title: () Delete Title: **TREA** ( ) Change (X) Addition MILLIGAN, TERI Name: Name: 2155 CIELO CIRCLE EAST Address: Address: City-St-Zip: City-St-Zip: CLEARWATER, FL 33579 Title: () Delete Title: SEC ( ) Change (X) Addition Name: Name: ANDERSON, GWEN 722 OLD VILLAGE WAY Address: Address:

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.

City-St-Zip:

OLDSMAR, FL 34677

SIGNATURE: JEFFERY CASH PRES 04/17/2004