

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90300 034 ****61.25

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1. Entity Name
COUNTRYSIDE BOYS BASKETBALL CLUB, INC.



Principal Place of Business
**COUNTRYSIDE HIGH SCHOOL
3000 STATE ROAD 580
CLEARWATER, FL 33761**

Mailing Address
**COUNTRYSIDE HIGH SCHOOL
3000 STATE ROAD 580
CLEARWATER, FL 33761**

DO NOT WRITE IN THIS SPACE



01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
54-2125954

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**F & L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202**

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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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	MELTON, MIKE
STREET ADDRESS	3043 KEVLIN CT.
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	TREA
NAME	MILLIGAN, TERRY
STREET ADDRESS	2155 CIELO CIRCLE EAST
CITY-ST-ZIP	CLEARWATER, FL 33579
TITLE	SEC
NAME	MURRAY, RACHAEL
STREET ADDRESS	2951 BAY MEADOW CT.
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICOLE ALEXANDER

President
TREA S

4/20/06
Date

727.798.4757
Daytime Phone #