FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # N05063

(5)

COUNTRYSIDE CHAPEL OF THE CHRISTIAN & MISSIONARY ALLIANCE INC.

ALLIANCE INC.						
Principal Place	of Business	Mailing Address			0 1110 01001 01011 01011 01011 01011 01011 01011 01011	
2180 MCMUL CLEARWATER	LEN-BOOTH RD R FL 34619	2180 MCMULLEN-BOX CLEARWATER FL 346				
				3. Date incorporated or Qualified 09/10/1984	3a. Date of Last Report 04/26/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 Suite, Apt. #	t etc	26 Suite Ast 4 etc		59-2624337	Not Applicable	
22	4, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing		
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in		
24	25	29	30	Florida Statutes	Yes X No	
	9. Name and Address of Currer	it Registered Agent		10. Name and Address of New Re	egistered Agent	
			81 Name			
	DOUGLAS		82 Street	Address (P.O. Box Number is Not Acceptable	a)	
	ICHERS BEND		83			
SAFETY	HARBOR FL 34695		63			
			84 City		85 Zip Code	
11. Pursuant to	a the provisions of Sections 617 0502	and 617 1508. Florida Statu	tes the above named so	provation a thmita this statement for the auto-	FL G E C C C C C C C C C	
or registere	ed agent, or both, in the State of Florid	da. Such change was authori,	zed by the corporation's	rporation submits this statement for the purp board of directors. I hereby accept the appoi	intment as registered agent. Lam	
POPULICAL WITH	h, and accept the obligations of, Sect	ion 617.0503, Florida Statute	\$.			
SIGNATURE	Signature: typed or printed name of rug stered agent	and title Lapphyalitie (N.	OTE: Registered Agent signature in	chure I wher renst-heat	DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFIC		
THILE	PD	DELETE	1.1 TITLE	bourning Board Trease	UKCY ☐ Change 🔀 Addition	
NAME	POOLE, DOUGLAS D.		1.2 NAME	L. Gregg mckinney	TO	
STREET ADDRESS	232 LOTUS DRIVE.		1.3 STREET ADDRESS	2594 Andersen Dr.	1	
CITY - ST - ZIP	SAFETY HARBOR FL		1.4 City - ST - ZIP	Clearwater FL 346	21	
TITLE	SD	□ DELEJE	21 TITLE	Vice Chairman	☐ Change 🙀 Addition	
NAME:	BROWN, PATSY		22 NAME	John Brown VE	<u>.</u>	
STREET ADDRESS	1085 CONANT AVENUE		2 3 STREET ADDRESS	1648 Farrier Trail	~	
CITY ST-ZIP	SAFETY HARBOR FL	E Port Fre	2 4 CITY-ST-ZIP	Clear water FL 3463	is	
TITLE	TO	™ DETELE	3 1 TITLE	•	Change 🗀 Addition	
NAME .	Porshakin, Dwight 1041 Rushmore		3 2 NAME			
STREET ADDRESS CITY ST ZIF	HOLIDAY FL 34690		3 3 STREET ADDRESS			
TITLE	VD	DELETE	3.4 CITY-SI-ZIP 4.1 TiTLE		☐ Change ☐ Addition	
NAME	DIDRIKSEN, CHUCK	~	4 2 NAME		E onenge E Addition	
STREET ADDRESS	1121 MCFARLAND STREET		4.3 STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL		4.4 CITY - ST - ZIP			
TITLE		DELETE	5 1 TITLE		Change Addition	
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-S1-ZIP			5 4 CITY - ST - ZIP			
TITLE		DELETE	6 1 TITLE		Change Addition	
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CiTY - ST - ZiP	and if that the info-	Sur and Francis	6.4 CITY-S1-ZIP			
certify that oath; that I	r ceany triat the information supplied to the information indicated on this and to am an officer or director of the corpo Block 12 or Block 1610 channels on a	viui this tiling is voluntarily fun ial report or supplemental and ration of the receiver or truste in an attachment with an add	nished and does not qua nual report is true and ac se empowered to executi irass	ify for the exemption stated in Section 119.0 curate and that my signature shall have the se this report as required by Chapter 617, Flor	7(3)(k), Florida Statutes. I further ame legal effect as if made under rida Statutes; and that my name	

NAME OF SIGNING OFFICER OR DIRECTOR