FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49509 (5)

1. Corporation Name

COUNTRYSIDE CHARITIES, INC.

Principal Place of Business	Mailing Address
PO BOX 14006 CLEARWATER FL 34629-4006	PO BOX 14006 CLEARWATER FL 34629-4006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1992
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-3173171 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOROTA, JOSEPH J JR
28100 US HWY 19 N
SUITE 504
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	LOVE, ALBERT	1.2 NAME	John P. D. Christ	
STREET ADDRESS	2697 SUNSET POINT RD	1.3 STREET ADDRESS	701 Enterprise Rd E., Ste. 302	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	TD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	SULLIVAN, ROY	2.2 NAME		
STREET ADDRESS	315 W M L KING DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	S/TD	☒ Change ☐ Addition
NAME	SOROTA, JOSEPH J JR	3.2 NAME		
STREET ADDRESS	28100 US HWY 19 N, SUITE 504	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP		
TITLE	DS	4.1 TITLE	D	☒ Change ☐ Addition
NAME	COLE, KENNETH F	4.2 NAME	Andrew J. Rodnite, Jr.	
STREET ADDRESS	3078 EASTLAND BLVD #A113	4.3 STREET ADDRESS	P. O. Box 1019 N/A	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clearwater, FL 34617	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	FREE, LEBRON	5.2 NAME	Marian Goodman	
STREET ADDRESS	3337 SAN PEDRO ST	5.3 STREET ADDRESS	4685 Wrentham Place	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE	D	6.1 TITLE	VPD	☒ Change ☐ Addition
NAME	PARKER, WILLIAM M	6.2 NAME		
STREET ADDRESS	710 E LAKE DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Joseph J. Sorota Jr. Secr. Feb 15, 1995 (813) 796-1557
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL, OFFICER OR DIRECTOR — Date — Daytime Phone #
Joseph J. Sorota Jr.

0068706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Addition:

D
Robert Williams
30798 U.S. Highway 19 North
Palm Harobr, FL 34684