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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49509 (5)

1. Corporation Name

COUNTRYSIDE CHARITIES, INC.

Principal Place of Business

28100 US HWY 19 NORTH
SUITE 504
CLEARWATER FL 34621
US

Mailing Address

28100 US HWY 19 NORTH
SUITE 504
CLEARWATER FL 34621
US3. Date Incorporated or Qualified
06/23/19923a. Date of Last Report
04/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-3173171Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME CRIST, JOHN P.D.
STREET ADDRESS 701 ENTERPRISE RD. E STE 302
CITY-ST-ZIP SAFETY HARBOR FLTITLE PD ☐ DELETENAME SULLIVAN, ROY
STREET ADDRESS 315 W M L KING DR
CITY-ST-ZIP TARPON SPRINGS FLTITLE STD ☐ DELETENAME SOROTA, JOSEPH J JR
STREET ADDRESS 28100 US HWY 19 N, SUITE 504
CITY-ST-ZIP CLEARWATER FLTITLE D ☒ DELETENAME HICKS, ROBERT W.
STREET ADDRESS 28100 US HWY 19 NORTH SUITE 500
CITY-ST-ZIP CLEARWATER FLTITLE D ☒ DELETENAME GOODMAN, MARIAN
STREET ADDRESS 4685 WRENTHAM PL
CITY-ST-ZIP PALM HARBOR FLTITLE VPD ☐ DELETENAME PARKER, WILLIAM M
STREET ADDRESS 710 E LAKE DR
CITY-ST-ZIP TARPON SPRINGS FL1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. : Jan 14, 1997 813-796-1557

CR2E037 (9/96)