

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000003979 (1)

1. Corporation Name
COUNTRYSIDE INSTRUCTIONAL LEAGUE, INC.



Principal Place of Business: **2734 MEADOW WOOD DR. CLEARWATER FL 34619**
 Mailing Address: **2734 MEADOW WOOD DR. CLEARWATER FL 34619**

3. Date Incorporated or Qualified: **08/12/1994**
 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 2872 Sea Pines Cr. W.		26 2872 Sea Pines Cr. W.		59-3260283		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
23 Clearwater, Fl.		28 Clearwater, Fl.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Zip		Country		Zip		Country	
24 34621		25 U.S.		29 34621		30 U.S.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HILLEBOE, CHARLES R 2790 SUNSET POINT ROAD CLEARWATER FL 34619				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, ROBERT	1.2 NAME	Robert L. Bentz
STREET ADDRESS	2734 MEADOW WOOD DRIVE	1.3 STREET ADDRESS	2872 Sea Pines Cr. W.
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	Clearwater, Fl. 34621
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAERCHER, DAVID	2.2 NAME	Pete Woodham
STREET ADDRESS	2721 WESTCHESTER DR S	2.3 STREET ADDRESS	2528 Anderson Dr. W.
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, Fl. 34621
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNEY, BRANDT C	3.2 NAME	Joe Carducci
STREET ADDRESS	2591 FRISCO DR.	3.3 STREET ADDRESS	2724 Haverhill Ct.
CITY-ST-ZIP	CLEARWATER FL 34621	3.4 CITY-ST-ZIP	Clearwater, Fl. 34621
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Sue Doering
STREET ADDRESS		4.3 STREET ADDRESS	2618 Burntfork Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, Fl. 34621
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Robert L. Bentz Robert L. Bentz 8/6/96 (813) 796-7948
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)