

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90011 017 ****70.00

DOCUMENT # **N95000004197**

Corporation Name

COUNTRYSIDE TOUCHDOWN CLUB, INC.

614318-90011-17

Principal Place of Business

3000 SR 580
CLEARWATER FL 34621
JS

Mailing Address

P O BOX 15225
CLEARWATER FL 34629
US



Principal Place of Business COUNTRYSIDE HIGH SCHOOL		2a. Mailing Address COUNTRYSIDE TOUCHDOWN CLUB		3. Date Incorporated or Qualified 09/01/1995	
Suite, Apt. #, etc. 3000 S.R. 580		Suite, Apt. #, etc. P.O. Box 15225		4. FEI Number NOT APPLICABLE	
City & State CLEARWATER, FL.		City & State CLEARWATER, FL.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33761		Zip 33766		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country FLORIDA		Country FLORIDA		Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

WILLIAMS, DONNA
206 HILLCREST DR
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name LAMAR VERNON
82 Street Address (P.O. Box Number is Not Acceptable) 2020 HEATHER CT.
83
84 City CLEARWATER
85 Zip Code FL 33761

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 Lamar Vernon (NOTE: Registered Agent signature required when reinstating) DATE 9-5-99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME PD WILLIAMS, DONNA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 206 HILLCREST DR		1.2 NAME LAMAR VERNON	
3. CITY-STATE-ZIP SAFETY HARBOR FL		1.3 STREET ADDRESS 2020 HEATHER CT.	
4. NAME VD SUDBURY, ED	<input checked="" type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP CLEARWATER, FL. 33761	
5. STREET ADDRESS 16 HARBOR POINT		2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY-STATE-ZIP SAFETY HARBOR FL		2.2 NAME JOE STEVENSON	
7. NAME SD HENDERSON, SHARON	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS 2744 MESLIN WAY	
8. STREET ADDRESS 3341 LAKE SHORE LANE		2.4 CITY-STATE-ZIP CLEARWATER, FL. 33761	
9. CITY-STATE-ZIP CLEARWATER FL 34261		3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME TD SOBCZAK, JUDY	<input checked="" type="checkbox"/> DELETE	3.2 NAME CINDY REARDON	
11. STREET ADDRESS 105 TANGLEWOOD CT		3.3 STREET ADDRESS 2692 ENTERPRISE RD. E.	
12. CITY-STATE-ZIP SAFETY HARBOR FL		3.4 CITY-STATE-ZIP #101 CLEARWATER, FL. 33759	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME JOHN C. BANCROFT	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS 2145 MORNINGSIDE DR.	
16. NAME	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP SAFETY HARBOR, FL. 34695	
17. STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY-STATE-ZIP		5.2 NAME	
19. NAME		5.3 STREET ADDRESS	
20. STREET ADDRESS		5.4 CITY-STATE-ZIP	
21. CITY-STATE-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

I 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, with all other like empowered.

SIGNATURE: Lamar Vernon SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-99

Date

892-5702

Daytime Phone #

CR2E037 (5/99)