

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004197

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: COUNTRYSIDE TOUCHDOWN CLUB, INC.

## Current Principal Place of Business:

COUNTRYSIDE HIGH SCHOOL  
3000 STATE ROAD 580  
CLEARWATER, FL 33761 US

## New Principal Place of Business:

## Current Mailing Address:

COUNTRYSIDE TOUCHDOWN CLUB  
PO BOX 15225  
CLEARWATER, FL 33766 US

## New Mailing Address:

FEI Number: 59-3335087      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCHROEDER, JOHN  
2729 11TH COURT  
PALM HARBOUR, FL 34684 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCHROEDER, JOHN  
Address: 2729 11TH CRT  
City-St-Zip: PALM HARBOR, FL 34684

Title: V ( ) Delete  
Name: SHANNON, RANDY  
Address: 533 HUMPHRIES RD.  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: T ( ) Delete  
Name: DETWILER, LORI  
Address: 2639 FRISCO DR.  
City-St-Zip: CLEARWATER, FL 33761

Title: S ( ) Delete  
Name: BLACKBURN, LISA  
Address: 60 CYPRESS PLACE  
City-St-Zip: OLDSMAR, FL 34677

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SCHROEDER, JOHN  
Address: PO BOX 15225  
City-St-Zip: CLEARWATER, FL 33766

Title: V (X) Change ( ) Addition  
Name: SHANNON, RANDY  
Address: PO BOX 15225  
City-St-Zip: CLEARWATER, FL 33766 US

Title: T (X) Change ( ) Addition  
Name: TAYLOR, CHRIS  
Address: PO BOX 15225  
City-St-Zip: CLEARWATER, FL 33766

Title: S (X) Change ( ) Addition  
Name: PARKER, TAMMY  
Address: PO BOX 15225  
City-St-Zip: CLEARWATER, FL 33766

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SCHROEDER

P

01/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date