2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2008
Secretary of State

DOCUMENT# N95000004197

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: PO BOX 15225
City-St-Zip: CLEARWATER, FL 33766

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 02/17/2008

Electronic Signature of Signing Officer or Director — Date