

03 MAY 28 AM 9:28

1. Entity Name
COUNTRYSIDE TOUCHDOWN CLUB, INC.



Mailing Address
COUNTRYSIDE TOUCHDOWN CLUB
PO BOX 15225
CLEARWATER, FL 33766 US

2. Mailing Address

Subs, Appl #, etc.

City & State

Country

4. FEI Number

Applied For	
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B. Certificate of Status Document

\$8.75 Additional

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name John Schroeder
Street Address (P.O. Box Number is Not Acceptable) 2729 11th Court
City Palm Harbor

A. 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. I am familiar with, and accept the obligations of, re-registration.

SIGNATURE

4-30-03

Supernatural spiritual or physical forces that are beyond our understanding

(NOTE: Registered Agent's name required when completing.)

DATE

FILE NOW FEE IS \$81.25

9. Election Campaign Financing

Total Fund Contribution

**\$5.00 May Be
Added To Fees**

Make Check Payable to
First Deposit at First

10 OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD
NAME	REARDON, CINDY
STREET ADDRESS	2692 ENTERPRISE RD E
CITY-STATE-ZIP	CLEARWATER, FL 33769

TITLE	PO
NAME	BANCROFT, JOHN
STREET ADDRESS	2146 MORNINGSID DR
CITY-STATE-ZIP	SAFETY HARBOR, FL 34696

TITLE	SD
NAME	SHIBA, KATHY
STREET ADDRESS	2658 MCMULLEN BOOTH RD #1328
CITY-ST-ZIP	CLEARWATER, FL 34696

TRUE	TD
NAME	GORDON, WALT
STREET ADDRESS	1344 CADHAY CT
CITY-ST-ZIP	SAFETY HARBOR, FL 34696

TITLE	PD
NAME	COOK, PATRICK
STREET ADDRESS	2034 RAINBOW FARMS DR
CITY-ST-ZIP	SAFETY HARBOR, FL 34686

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	President	☐ Change	☒ Addition
NAME	John Schroeder		
STREET ADDRESS	3294 11th Court		
CITY-STATE-ZIP	Palm Harbor, FL 34684		
TITLE		☐ Change	☐ Addition

NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Vice President	
NAME	Sam Scannell	☐ Change ☒ Add on
STREET ADDRESS	1433 Normandy Cir.	
CITY - ST - ZIP	Fort Lauderdale, FL 33463	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Charge ☐ Addition
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TITLE	☐ Charge	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 registered trustee empowered to execute this report as required by Chapter 517, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed, or on its statement of an officer or director as empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Over

Chrysomelid Beetles

5/28 W