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**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90018 019 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N98000002899**

1. Corporation Name

**COUNTRYSIDE YOUTH SPORTS, INC.**



Principal Place of Business

24139 U.S. 19 NORTH  
CLEARWATER FL 33763

Mailing Address

24139 U.S. 19 NORTH  
CLEARWATER FL 33763

2. Principal Place of Business

21 ~~21951~~ 21957-45 19 NORTH

2a. Mailing Address

26 ~~21951~~ 21951-45-19 NORTH

3. Date Incorporated or Qualified

05/18/1998

4. FEI Number

59-3382835

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

City & State

23 CLEARWATER, FLA.

City & State

28 CLEARWATER, FLA.

Zip

24 33765 25 USA

Zip

29 33765 30 USA

9. Name and Address of Current Registered Agent

BAKER, ROGER  
24139 U.S. 19 NORTH  
CLEARWATER FL 33763

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 21951 US 19 NORTH

84 City

CLEARWATER

FL

85 Zip Code

33765

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BAKER, ROGER  
STREET ADDRESS 24139 U.S. 19 NORTH  
CITY-ST-ZIP CLEARWATER FL 33763

TITLE VPD ☐ DELETE

NAME ARMSTRONG, DAVID  
STREET ADDRESS 1121 PELICAN PLACE  
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE SD ☒ DELETE

NAME HAYES, DENNY  
STREET ADDRESS 2646 FIRESTONE  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE TD ☐ DELETE

NAME SCHMIDT, MICHAEL  
STREET ADDRESS 1868 SETON DRIVE  
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PRES. DENT  
1.3 STREET ADDRESS Roger Baker  
1.4 CITY-ST-ZIP 21951 45 19 N  
CLEARWATER, FL 33765

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME SEC. & TRFS.  
4.3 STREET ADDRESS Michael Schmidt  
4.4 CITY-ST-ZIP 1868 SETON DR  
CLEARWATER, FL 33763

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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:

ROGER BAKER

4-29-99

727-712-8087

CR2E037 (11/98)