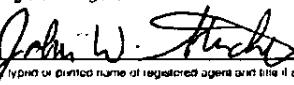
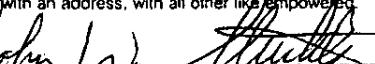


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Mar 14, 2006 8:00 am
Secretary of State**

02-16-2006 90048 033 ****61.25

DOCUMENT # N98000003114		
1. Entity Name COUNTRYSIDE BAPTIST CHURCH MINISTRIES, INCORPORATED		2/1
Principal Place of Business 2805 REGISTER ROAD FRUITLAND PARK FL 34731		Mailing Address 2805 REGISTER RD. FRUITLAND PARK FL 34731
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
STRICKLEN, JOHN W 13412 COUNTY RD. 200 OXFORD FL 34484		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. 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 registered agent		
SIGNATURE 	1-25-06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when remitting)
FILE NOW: FEE IS \$61.25 Due By: May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS		
TITLE: D NAME: STRICKLEN, JOHN W STREET ADDRESS: 13412 COUNTY RD. 200 CITY-ST-ZIP: OXFORD FL 34484		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: D NAME: TRETTER, ROBERT STREET ADDRESS: 3814 GRIFFIN VIEW CITY-ST-ZIP: LADY LAKE FL 32159		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: D NAME: COMBS, TIM STREET ADDRESS: 485 HONEYSUCKLE DR. CITY-ST-ZIP: FRUITLAND PARK FL 34731		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered		
SIGNATURE: 		John W. Stricklen 3-4-06 3521 315-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR		Date Daytime Phone #



ATTACHMENT

66005045

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

COUNTRYSIDE BAPTIST CHURCH MINISTRIES, INCORPORATED
2805 REGISTER RD.
FRUITLAND PARK, FL 34731

Subject: **COUNTRYSIDE BAPTIST CHURCH MINISTRIES, INCORPORATED**

Reference Number: ~~N98000003114~~

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION