

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2007 08:00 AM
Secretary of State**

DOCUMENT # N98000003114

1. Entity Name
**COUNTRYSIDE BAPTIST CHURCH MINISTRIES,
INCORPORATED**



Principal Place of Business
**2805 REGISTER ROAD
FRUITLAND PARK, FL 34731**

Mailing Address
**2805 REGISTER RD.
FRUITLAND PARK, FL 34731**

DO NOT WRITE IN THIS SPACE



01192007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STRICKLEN, JOHN W
13412 COUNTY RD. 200
OXFORD, FL 34484**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STRICKLEN, JOHN W
STREET ADDRESS	13412 COUNTY RD. 200
CITY-ST-ZIP	OXFORD, FL 34484
TITLE	D
NAME	TRETTER, ROBERT
STREET ADDRESS	3814 GRIFFIN VIEW
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	D
NAME	COMBS, TIM
STREET ADDRESS	485 HONEYSUCKLE DR.
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000625277
02/14/07-80068-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Stricklen

1-21-07 352 315-0220

Date

Daytime Phone #