

FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

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02-27-1999 90096 026 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714026

1. Corporation Name
CREEKSIDE COMMUNITY CHURCH, INCORPORATED

Principal Place of Business 2640 NORTHWEST 39TH AVENUE GAINESVILLE FL 32605	Mailing Address 2640 NORTHWEST 39TH AVENUE GAINESVILLE FL 32605
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/29/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1665493
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PARKER, RICHARD 2640 NW 39TH. AVE. GAINESVILLE FL 32605		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, TIM	1.2 NAME	Rick Burkholder
STREET ADDRESS	108 SW 127 ST	1.3 STREET ADDRESS	6119 NW 43 Ave
CITY-ST-ZIP	NEWBERRY FL	1.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORMAN, STEVE	2.2 NAME	
STREET ADDRESS	2610 NW 38TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, KENT	3.2 NAME	
STREET ADDRESS	5302 NW 34TH PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKOX, FRANK	4.2 NAME	
STREET ADDRESS	3328 NW 38TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: E. J. Hickox DATE: 1-29-99 DAYTIME PHONE: 352-372-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)