


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

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

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| 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**



| | | |
|-------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 01/29/1968 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip | 28 Country | 59-1665493 |
| 24 Country | 29 Zip | Applied For |
| | 30 Country | Not Applicable |
| 9. Name and Address of Current Registered Agent | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 10. Name and Address of New Registered Agent | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

**PARKER, RICHARD
2640 NW 39TH. AVE.
GAINESVILLE FL 32605**

| | |
|-------------------------------------------------------|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | | 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: *[Signature]* **FRANK HICKOX** 1-29-99 352-372-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)