

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90018 009 ****70.00

DOCUMENT # 714026

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1665493

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
 NAME **BURKHOLDER, RICK**
 STREET ADDRESS **6119 NW 43RD AVE**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **VD** ☐ Change ☒ Addition
 NAME **BOB HURT**
 STREET ADDRESS **1901 SW 88TH STREET**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **PD** ☒ Delete
 NAME **GILMORE, KNOX**
 STREET ADDRESS **2230 NW 20 COURT**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **PD** ☐ Change ☒ Addition
 NAME **JED KEESLING**
 STREET ADDRESS **710 NE 6TH STREET**
 CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **TD** ☐ Delete
 NAME **KURDZIEL, KEN**
 STREET ADDRESS **3032 NW 23RD TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **HICKOX, FRANK**
 STREET ADDRESS **3328 NW 38TH ST**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 REQUIRED

FRANK HICKOX

352-372-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)