2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714026

FILED Jan 19, 2005 Secretary of State

Entity Name: CREEKSIDE COMMUNITY CHURCH, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

2640 NORTHWEST 39TH AVENUE GAINESVILLE, FL 32605

Current Mailing Address: New Mailing Address:

2640 NORTHWEST 39TH AVENUE GAINESVILLE, FL 32605

FEI Number: 59-1665493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SZYMANSKI, MARK KURDZIEL, KEN Name: Name: 8332 SW 17TH LN Address: 3032 NW 23RD TERR Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32605

Title: PD () Delete Title: () Change () Addition

Name: SCHUBERT, TIM Name: Address: 5011 NW 64TH LN Address: City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip:

Title: () Delete Title: () Change () Addition

WOOLSEY, WARREN Name: Name: 14213 NW 59TH PL Address: Address: City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

Name: YODER, JEREMY Name: HICKOX, FRANK Address: 3504 NW 51ST AVE Address: 3328 NW 38 ST City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK HICKOX SD 01/19/2005