2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003922

Entity Name: CREEKSIDE CHRISTIAN CHURCH, INC.

FILED Mar 28, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
92 LIFESPRING WAY SAINT JOHNS, FL 32259					
Current Mailing Address:			New Mailir	New Mailing Address:	
92 LIFESPRING WAY SAINT JOHNS, FL 32259					
FEI Number: 01-0697890 FEI Number Applied For () FEI Number		l Number Not Appli	cable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
LINDELL, JON M LINDELL FARSON & PINCKET, P.A. 12276 SAN JOSE BLVD. SUITE 126 JACKSONVILLE, FL 32223 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: ADD			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () E BLALOCK, RAND 556 N BRIDGEST SAINT JOHNS, F	ONE AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD ()E WARREN, MARK 1525 MARCY DR SAINT JOHNS, FI	IVE	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition THOMPSON, ROBERT 475 SPARROW BRANCH CIRCLE JACKSONVILLE, FL 32259	
Title: Name: Address: City-St-Zip:	PD () E COCKERHAM, R 824 E. TENNESS JACKSONVILLE,	ETR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PETERMAN, CHUCK 824 E. TENNESSE TR JACKSONVILLE, FL 32259	
Title: Name: Address: City-St-Zip:	TD () EBLYE, KENT 256 S. HAMPTON ST. AUGUSTINE,		Title: Name: Address: City-St-Zip:	SD (X) Change () Addition BLYE, KENT 256 S. HAMPTON CLUB WAY ST. AUGUSTINE, FL 32092	
Title: Name: Address: City-St-Zip:	D () E PETERMAN, CHU 151 ELMWOOD SAINT JOHNS, FI	DRIVE	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition COCKERHAM, ROBERT 14009 SADDLEHILL COURT JACKSONVILLE, FL 32258	
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition HOUSE, TRIPP 1713 MONTCLAIR COVE COURT JACKSONVILLE, FL 32259	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KENT BLYE SD 03/28/2009