

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008015

FILED
Jan 06, 2004
Secretary of State

Entity Name: CREEKSIDE ALLIANCE CHURCH INC. OF THE CHRISTIAN AND MISSIONARY ALLIANCE, PORT ORANGE, FLORIDA

Current Principal Place of Business:

5889 AIRPORT RD. #1412
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

5889 AIRPORT RD. #1412
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 59-3751180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REAVES, JEFFREY W REV
5889 AIRPORT RD. #1412
PORT ORANGE, FL 32128

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: REAVES, JEFFREY W
Address: 5889 AIRPORT RD #1412
City-St-Zip: PORT ORANGE, FL 32128

Title: SD () Delete
Name: BROUILLETTE, DANIEL
Address: 5889 AIRPORT RD #1412
City-St-Zip: PORT ORANGE, FL 32128

Title: TD () Delete
Name: BETHLANE, MERRIE
Address: 5889 AIRPORT RD #1412
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: STRUBLE, CINDY
Address: 5889 AIRPORT RD #1412
City-St-Zip: PORT ORANGE, FL 32128

Title: TD (X) Change () Addition
Name: NEAVES, LORI
Address: 5889 AIRPORT RD #1412
City-St-Zip: PORT ORANGE, FL 32128

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: JEFFREY W REAVES SR

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date