


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90072 040 ****61.25

DOCUMENT # N02000008015 1. Entity Name CREEKSIDE ALLIANCE CHURCH INC. OF THE CHRISTIAN AND MISSIONARY ALLIANCE, PORT ORANGE, FLORIDA					
Principal Place of Business 5889 AIRPORT RD. #1412 PORT ORANGE, FL 32128				Mailing Address 5889 AIRPORT RD. #1412 PORT ORANGE, FL 32128	
2. Principal Place of Business 139 S. State Rd 415 Suite, Apt. #, etc.		3. Mailing Address 139 S. State Rd 415 Suite, Apt. #, etc.			
City & State New Smyrna Beach FL		City & State New Smyrna Beach FL		4. FEI Number 59-3751180	
Zip 32168		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REAVES, JEFFREY W REV 5889 AIRPORT RD. #1412 PORT ORANGE, FL 32128				7. Name and Address of New Registered Agent Name <u>Reaves, Jeffrey W. Rev.</u> Street Address (P.O. Box Number is Not Acceptable) <u>139 S. State Rd 415</u> City <u>New Smyrna Beach FL</u> Zip Code <u>32168</u>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REAVES, JEFFREY W 5889 AIRPORT RD #1412 PORT ORANGE, FL 32128	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Reaves, Jeffrey W 139 S. State Road 415 New Smyrna Beach FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRUBLE, CINDY 5889 AIRPORT RD #1412 PORT ORANGE, FL 32128	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gay Dearbeck 139 S. State Rd 415 New Smyrna Beach FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEAVES, LORI 5889 AIRPORT RD #1412 PORT ORANGE, FL 32128	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mark Koester 139 S. State Road 415 New Smyrna Beach FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u>					