

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008015

FILED
Feb 20, 2008
Secretary of State

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

Current Principal Place of Business:

139 S STATE RD 415
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

139 S STATE RD 415
NEW SMYRNA BEACH, FL 32168

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:

OLNEY, THOMAS R REV
139 S STATE RD 415
NEW SMYRNA BEACH, FL 32168 US

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: OLNEY, THOMAS R
Address: 139 S STATE ROAD 415
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD () Delete
Name: DEARBECK, GAY
Address: 139 S STATE ROAD 415
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD () Delete
Name: MUDGE, BARBARA
Address: 139 S STATE ROAD 415
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: FAIDLEY, KEVIN
Address: 139 S STATE ROAD 415
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: THOMAS R. OLNEY

PD

02/20/2008

Electronic Signature of Signing Officer or Director

Date