

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008015

FILED  
Apr 26, 2009  
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: FAIDLEY, KEVIN  
Address: 139 S STATE ROAD 415  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: D ( ) Change (X) Addition  
Name: PARKER, CLAI  
Address: 3003 JUNIPER DRIVE  
City-St-Zip: EDGEWATER, FL 32141

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

04/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date