

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

4/21

04-28-2003 91347 027 ****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**

44002615



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3751180

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **P JEFFREY W. REAVES**
STREET ADDRESS **5889 AIRPORT RD. #1412**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

TITLE ☐ Change ☒ Addition
NAME **S DANIELLE BROUILLETTE**
STREET ADDRESS **5889 AIRPORT RD. #1412**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

TITLE ☐ Change ☒ Addition
NAME **T TERRIE BETH LANE**
STREET ADDRESS **5889 AIRPORT RD. #1412**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

386-763-0044
Daytime Phone #

CR2E037 (10/02)