

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003922

Entity Name: CREEKSIDE CHRISTIAN CHURCH, INC.**Current Principal Place of Business:**92 LIFESPRING WAY
SAINT JOHNS, FL 32259**Current Mailing Address:**92 LIFESPRING WAY
SAINT JOHNS, FL 32259**FEI Number: 01-0697890****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LINDELL, JON M
LINDELL FARSON & PINCKET, P.A.
12276 SAN JOSE BLVD. SUITE 126
JACKSONVILLE, FL 32223 US*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

Officer/Director Detail :

Title	DIRECTOR
Name	PETERMAN, CHUCK
Address	761 WEST KINGS COLLEGE DRIVE
City-State-Zip:	SAINT JOHNS FL 32259

Title	TREASURER
Name	RANNEKLEV, NILS
Address	1932 DUMFRIES CT
City-State-Zip:	SAINT JOHNS FL 32259

Title	DIRECTOR
Name	VANDENHEUVEL, JAMIE
Address	388 RAMBLING WATER RUN
City-State-Zip:	SAINT JOHNS FL 32259

Title	CHAIRMAN
Name	PETERS, MORRIS
Address	120-4 SOUTHERN BRIDGE BLVD.
City-State-Zip:	SAINT JOHNS FL 32259

Title	SECRETARY
Name	FRANCIS, DAVID
Address	262 YEARLING BLVD.
City-State-Zip:	ST. JOHNS FL 32259

Title	DIRECTOR
Name	BOE, MICHAEL
Address	10538 LANGSLAND CT.
City-State-Zip:	JACKSONVILLE FL 32257

I hereby 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 all other like empowered.

SIGNATURE: DAVID FRANCIS**SECRETARY****02/19/2014**

Electronic Signature of Signing Officer/Director Detail

Date