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(Requestor's Name) (Address) (Address)	500056971855
(City/State/Zip/Phone #)	∩7/Q6/0501050004 **87.50
Special Instructions to Filing Officer: 1000000000000000000000000000000000000	
Office Use Only	

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Ministries, Company Streams 0. SUBJECT: 1

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

□ \$70.00 Filing Fee Status

□\$78.75 □\$ Filing Fee Filin & Certified Copy Cer & C

State State

ADDITIONAL COPY REQUIRED

FROM: Richard E. Devin Name (Printed or typed)

Box 8203

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(Name of corporation: must include the word "INCORPORATED" or "ORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) White a 2. State under the law of which it is incorporated (FEI number, if applicable) ountra \$1 (Dura cease to exist or "perpetual") Date of Incorporation corp prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) 7. corporation authorized in home state or country carried out in the state 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address:

10. Registered Agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(City)

Florida

(Registered Aent's signature)

- " - "

11. Attached is a Certificate of Existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS Sh Chairman: Address: 10 Vice Chairman: Address: 04 Director: Address: Director: Address: **B. OFFICERS** in SL. O I President: Address: Vice President: Address: Secretary: MA 9372 2410. Address: Treasurer: Address: NOTE: If necessary ou may attach ap addendum to the application listing additional officers and/or directors. 13 irman, or any officer listed in number 12 of the application) (Signature o 14 name and capacity of person signing application) (Typed or



CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the **14th day of October**, **1981**, **STREAMS OF THE RIVER MINISTERING MINISTRIES** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 6, 2005.



Huron

BRUCE McPHERSON Secretary of State