

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F05000003980

1. Entity Name

**STREAMS OF THE RIVER MINISTERING MINISTRIES
CORPORATION**



FILED
Apr 24, 2006 08:00 AM
Secretary of State

Principal Place of Business

P.O. BOX 7690
FRESNO CA 93717

Mailing Address

P.O. BOX 8203
MEDFORD OR 97504



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**POLLARD, MELODY A
12634 OAK NUT ST.
HUDSON FL 34667**

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 CP ☐ Delete
NAME DEVIN, RICHARD E SR
STREET ADDRESS 2391 S. STAGE RD.
CITY- ST- ZIP MEDFORD OR 97504

TITLE VCV ☐ Delete
NAME DEVIN, IRMA I
STREET ADDRESS 2391 S. STAGE RD.
CITY- ST- ZIP MEDFORD OR 97504

TITLE D ☐ Delete
NAME HOFFMAN, EARL
STREET ADDRESS 4312 E. AUSTIN
CITY- ST- ZIP FRESNO CA 93726

TITLE S ☐ Delete
NAME CUMMINGS, BELL
STREET ADDRESS 4915 E. GRANT
CITY- ST- ZIP FRESNO CA 93727

TITLE T ☐ Delete
NAME HARRIS, SALLY
STREET ADDRESS 6444 REMINGTON
CITY- ST- ZIP FRESNO CA 93704

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000533719
CITY- ST- ZIP 05/06/06-80133-008 70.00

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

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Richard E Devin Jr R*