

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004051

FILED
Mar 31, 2006
Secretary of State

Entity Name: STREET CORNER MINISTRIES: MATTHEW 22:9, INC.

Current Principal Place of Business:

C/O RAYMOND JOHNSON
411 SPRINGVALLEY LN
ALTAMONTE SPRING, FL 32714

New Principal Place of Business:

Current Mailing Address:

C/O RAYMOND JOHNSON
411 SPRINGVALLEY LN
ALTAMONTE SPRING, FL 32714

New Mailing Address:

FEI Number: 59-3390220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, RAYMOND L
411 SPRING VALLEY LN
ALTAMONTE SPRINGS, FL 32714 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: P () Delete
Name: CURRY, KELLY E
Address: C/O R. JOHNSON -411 SPRING VALLEY LN
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD () Delete
Name: JOHNSON, RAYMOND L
Address: 411 SPRING VALLEY LN
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: CURRY, SUSAN M
Address: C/O R. JOHNSON -411 SPRING VALLEY LN
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: MORELAND, DAVID C
Address: 1248 OSCEOLA DR
City-St-Zip: FORT MYERS, FL 33901

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RAYMOND JOHNSON

STD

03/31/2006

Electronic Signature of Signing Officer or Director

Date