

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006839

FILED
Jan 23, 2008
Secretary of State

Entity Name: LIFESTREAM INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

124 DREW AVENUE
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

124 DREW AVENUE
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-3709455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENRY-SMITH, KARLA L
2905 WESTERN WILLOW TERR.
ORLANDO, FL 32808 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: PT () Delete
Name: SMITH-MOBLEY, PAZARIA
Address: 124 DREW STREET
City-St-Zip: SANFORD, FL 32771

Title: DT () Delete
Name: BRADLEY, WALTER
Address: 831 VALENCIA STREET
City-St-Zip: SANFORD, FL 32771

Title: STD () Delete
Name: HENRY, KARLA L
Address: 2905 WESTERN WILLOW TERRACE
City-St-Zip: ORLANDO, FL 32808

Title: BOD () Delete
Name: MOBLEY, WILLIAM L
Address: 124 DREW AVE
City-St-Zip: SANFORD, FL 32771

Title: BOD () Delete
Name: BRADLEY, KAFFIE M
Address: APT.1 CASTLE BREWER CT.
City-St-Zip: SANFORD, FL 32771

Title: BOD () Delete
Name: WOODS, PATRICIA
Address: 2273 NE 54TH STREET
City-St-Zip: Ocala, FL 34479

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:

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

Title: BOD (X) Change () Addition
Name: SMITH, KHIRY K
Address: 124 DREW AVENUE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify 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: PAZARIA SMITH-MOBLEY

PT

01/23/2008

Electronic Signature of Signing Officer or Director

Date