

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90008 011 ****70.00

DOCUMENT # N05000011847

1. Entity Name

STREET WATCH MINISTRIES INC.



Principal Place of Business

1106 SE 4TH STREET
CAPE CORAL FL 33990

Mailing Address

1106 SE 4TH STREET
CAPE CORAL FL 33990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1421 S.E. 32ND ST.

Suite, Apt. #, etc.

1421 S.E. 32ND ST.

City & State

CAPE CORAL, FL.

City & State

CAPE CORAL, FL.

Zip

33904

Country

USA

Zip

33904

Country

USA

4. FEI Number

55-0911156

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

2nd MOORE

CR2E037 (4/06)

6. Name and Address of Current Registered Agent

CONTI, TOM REV.
1421 S.E. 32ND STREET
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

N/A

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

REV. Tom CONTI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-18-06

FILE NOW: FEE IS \$61.25
Due By September 6, 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 P
NAME CONTI, TOM REV.
STREET ADDRESS 1421 SE 32ND STREET
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE V
NAME STREVEN, DAVE
STREET ADDRESS 1106 SE 4TH STREET
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Delete

TITLE T
NAME CONTI, JANET
STREET ADDRESS 1421 SE 32ND STREET
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE S
NAME LEA, LINDA
STREET ADDRESS 13280 CORBEL CIRCLE
CITY-ST-ZIP FORT MYERS FL 33902 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

REV. Tom CONTI

7-18-06

239-540-9425