

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90047 016 ****70.00

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1. Entity Name

STREET WATCH MINISTRIES INC.



Principal Place of Business

**1421 SE 32ND ST
CAPE CORAL FL 33904**

Mailing Address

**1421 SE 32ND ST
CAPE CORAL FL 33904**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0911156

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



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

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 ☐ Delete
NAME: CONTI, TOM REV.
STREET ADDRESS: 1421 SE 32ND STREET
CITY-ST-ZIP: CAPE CORAL FL 33904

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

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

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE: ☒ Change ☐ Addition
NAME: **DEBBIE HENDRICKS**
STREET ADDRESS: **7900 TWILY EAGLE LANE**
CITY-ST-ZIP: **FT. MYERS, FL. 33912**

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

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Tom Conti

Date

1-26-07

Daytime Phone #

239-540-9425