

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008388

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: STREETS AND LANES MINISTRY, INC.

## Current Principal Place of Business:

2248 CRICKET RIDGE DR  
CANTONMENT, FL 32533

## New Principal Place of Business:

2248 CRICKET RIDGE DRIVE  
CANTONMENT, FL 32533

## Current Mailing Address:

2248 CRICKET RIDGE DR  
CANTONMENT, FL 32533

## New Mailing Address:

P.O. BOX 42  
CANTONMENT, FL 32533

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JONES, CATHERINE M  
2248 CRICKET TIDGE DR  
CANTONMENT, FL 32533 US

## Name and Address of New Registered Agent:

HARRIS, CATHERINE M  
2248 CRICKET RIDGE DR  
CANTONMENT, FL 32533 US

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: CATHERINE M. HARRIS

01/06/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PC ( ) Delete  
Name: JONES, CATHERINE M  
Address: 2248 CRICKET TIDGE DR  
City-St-Zip: CANTONMENT, FL 32533

Title: VC ( ) Delete  
Name: HILL, KEITH  
Address: 902 CLEARVIEW AVE  
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete  
Name: STRAUGHN, SUE  
Address: 4990 MOBILE HWY  
City-St-Zip: PENSACOLA, FL 32506

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change ( ) Addition  
Name: HARRIS, CATHERINE M  
Address: P.O. BOX 42  
City-St-Zip: CANTONMENT, FL 32533

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

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

Title: D ( ) Change (X) Addition  
Name: HARRIS, LONNIE  
Address: P.O. BOX 42  
City-St-Zip: CANTONMENT, FL 32533

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: CATHERINE M. HARRIS

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date