

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90034 033 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N23049</b><br>1. Entity Name<br><b>STREET CHURCH MINISTRIES, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>4802 SW 51ST ST<br/>DAVIE FL 33328<br/>US</b> | Mailing Address<br><b>4802 SW 51ST ST<br/>DAVIE FL 33328<br/>US</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>65-0133818</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |



MOORE CR2E037 (11/03)

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>BENEBY, GEORGE MILTON<br/>2816 S.W. 4TH STREET<br/>FT. LAUDERDALE FL 33312</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>BENEBY, GEORGE MILTON</b><br><b>2816 S.W. 4TH STREET</b><br><b>FT. LAUDERDALE FL</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>BENEBY, ALICE L.</b><br><b>2816 S.W. 4TH STREET</b><br><b>FT. LAUDERDALE FL</b> <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>MOSS' ELISHA JR.</b><br><b>5014 SW 23 ST</b><br><b>WEST HOLLYWOOD FL 33023</b> <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Beneby, George Milton</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>9601 N.W. 8th Circle</b><br><b>Plantation, Fl 33324</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Beneby, Alice L.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>9601 N.W. 8th Circle</b><br><b>Plantation, Fl 33324</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *George M. Beneby* **George M. Beneby** **2/29/04** **954-587-1778**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
# N23049  
44017118

We used this envelope  
because the wrong  
address appeared in the  
window & it was returned.

Mrs. Alice Berby