

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005296

FILED
Jan 10, 2007
Secretary of State

Entity Name: STREET MINISTRY EVANGELISM, INC.

Current Principal Place of Business:

3350 S.W. LUDLOW ST.
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

3350 S.W. LUDLOW ST.
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 59-3407803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEIPEL, ROBERT A
3350 S.W. LUDLOW ST.
PORT ST. LUCIE, FL 34953 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: PD () Delete
Name: FEIPEL, ROBERT A
Address: 3350 S.W. LUDLOW ST.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: TD () Delete
Name: REID, DIANE
Address: 3350 S.W. LUDLOW ST.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: OD () Delete
Name: MOSELLE, MARIANNE
Address: 6652 GLEN MEADOW LOOP
City-St-Zip: LAKE LAND, FL 33810

Title: O () Delete
Name: MOSELLE, MICHAEL
Address: 6652 GLENN MEADOW LOOP
City-St-Zip: LAKE LAND, FL 33810

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIANNE MOSELLE

OD

01/10/2007

Electronic Signature of Signing Officer or Director

_____ Date