


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005368

1. Entity Name
STREAMS IN THE DESERT MINISTRIES, INC.



Principal Place of Business
**409 JEFFERSON AVE
 #505
 ORANGE PARK, FL 32065**

Mailing Address
**P.O. BOX 65878
 ORANGE PARK, FL 32065-0015**



03312005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3409166	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOMEZ, LUIS F ESQ
 1500 S. SEMORAN BLVD.
 ORLANDO, FL 32807**

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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 _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TORRES, LYDIA 409 JEFFERSON AVE., #505 ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TORRES, HECTOR 409 JEFFERSON AVE., #505 ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CINTRON, LILLIAN 5334 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Hector Torres VP Director* **MARCK 3/26 (904) 276-4266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **HECTOR TORRES** Date Daytime Phone #