

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005368

FILED
Apr 30, 2008
Secretary of State

Entity Name: STREAMS IN THE DESERT MINISTRIES, INC.

Current Principal Place of Business:

409 JEFFERSON AVE
#505
ORANGE PARK, FL 32065

Current Mailing Address:

P.O. BOX 65878
ORANGE PARK, FL 320650015

New Principal Place of Business:

5375 ORTEGA FARMS BLVD.
UNIT 509
JACKSONVILLE, FL 32210

New Mailing Address:

P.O. BOX 440686
JACKSONVILLE, FL 32222

FEI Number: 59-3409166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, LUIS F ESQ
1500 S. SEMORAN BLVD.
ORLANDO, FL 32807 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: DP () Delete
Name: TORRES, LYDIA
Address: 409 JEFFERSON AVE., #505
City-St-Zip: ORANGE PARK, FL

Title: DVT () Delete
Name: TORRES, HECTOR
Address: 409 JEFFERSON AVE., #505
City-St-Zip: ORANGE PARK, FL

Title: DS () Delete
Name: CINTRON, LILLIAN
Address: 5334 CENTRAL FLORIDA PARKWAY
City-St-Zip: ORLANDO, FL 32821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TORRES, LYDIA
Address: 5375 ORTEGA FARMS BLVD. UNIT 509
City-St-Zip: JACKSONVILLE, FL 32210

Title: DVT (X) Change () Addition
Name: TORRES, HECTOR
Address: 5375 ORTEGA FARMS BLVD. UNIT 509
City-St-Zip: JACKSONVILLE, FL 32210

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

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: LYDIA TORRES

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date