

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2009**  
**Secretary of State**

DOCUMENT# N96000005368

Entity Name: STREAMS IN THE DESERT MINISTRIES, INC.

**Current Principal Place of Business:**

5375 ORTEGA FARMS BLVD.  
UNIT 509  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

5375 ORTEGA FARMS BLVD.  
UNIT 701  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

P.O. BOX 440686  
JACKSONVILLE, FL 32222

**New Mailing Address:**

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: 5375 ORTEGA FARMS BLVD. UNIT 509  
City-St-Zip: JACKSONVILLE, FL 32210

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

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 701  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DVT      (X) Change ( ) Addition  
Name: TORRES, HECTOR  
Address: 5375 ORTEGA FARMS BLVD. UNIT 701  
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

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date