

2000 UNIFORM BUSINESS REPORT (UBR)

5/5/3

DOCUMENT # N99000001238

1. Entity Name

STREAMS OF LIFE, CHURCH OF GOD INCORPORATED

FILED
Aug 01, 2000 8:00 am
Secretary of State

05-03-2000 90033 048 ****61.25

Principal Place of Business

Mailing Address

1932 DREW ST., STE. #8
CLEARWATER FL 337651932 DREW ST., STE. #8
CLEARWATER FL 33765-3025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3591690

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WILLIAMS, BENEDICT V REV.
 1564 GENTRY ST.
 CLEARWATER FL 33755

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Delete
NAME	JONES, MARY MRS.	
STREET ADDRESS	1285 SANTA ROSA AVE.	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, BENEDICT V REV.	
STREET ADDRESS	1564 GENTRY ST.	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	SAMUEL, RAPHAEL REV	<input type="checkbox"/> Delete
NAME	1159 ENCINNA ST	
STREET ADDRESS	CLEARWATER, FL 33755	
CITY-ST-ZIP		
TITLE	VAN DUAN, PATIENCE MRS	<input type="checkbox"/> Delete
NAME	1601 GENTRY ST	
STREET ADDRESS	CLEARWATER, FL 33755	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

NOTICE REQUIRED
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

4/17/00

Date

442-4516

Daytime Phone #

CR2E037 (9/99)