2001 ONIFORM BUSINESS REPORT (UBR)								
DOCU 1. Entity Nar	JMENT# N990⊕0 0	€01238						
STREAMS OF LIFE, CHURCH OF GOD INCORPORATED					, FIL'ED			
Principal Plan	ace of Business	Mailing Address			-	O2 APR 26 AM	10.20	
1932 DREW S	ST STE. #8 ER FL 33765	1932 DREW ST., STE. #8 CLEARWATER FL 33765	,	ļ	İ			
VLLn	1 PL 33703	CLEARWATER TE WAS		ļ		SECRETARY OF	STATE	
2. Principal I	Place of Business	3. Mailing Address						
302/30	HS. JUPITER AVE	1564 GREATRY	ISBU GREATRY STREET			, a scenification and hadra solary object which before the property of the 1905 (1905) 1007		
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	EARWATTER, FLORIDA	City & State	City, & State CLEARWATER, FLURIDA		4. FEI Number 59-3591690 Applied For Not Applicable			
Zip 3375	Country	Zin	Pintfell		5. Certificate	of Status Desired	\$8.75 Additional	
	6. Name and Address of Current R	1egistered Agent -	Pinizil/			Address of New Registere	Fee Required ed Agent	
ı			Name					
	s, benedict v rev. Entry st.		Street A	Address (F	2.0. Box Numbe	er is Not Acceptable)		
	:NTRY 51. /ATER FL 33755		City					
				FL Zip Code				
8. The above	e named entity submits this statement for t	the purpose of changing its re-	gistered office o	ır registere	ed agent, or bot	h, in the state of Florida.		
COMMITTEE								
SIGNATURE .	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: R	Registered Agent signat	ture required	when reinstating)	DAT	E	
	FILE NOW: FEE IS \$61.25	9. Election Campaign Fi Trust Fund Contribution			O May Be to Fees	Make Check	k Payable to nt of State	
10.	OFFICERS AND DIRE		11.			ANGES TO OFFICERS AND		
TITLE NAME	ST JONES, MARY MRS.	☐ Delete	TITLE NAME	Ju		GAGA (P)	Change - Addition	
STREET ADDRESS CITY-ST-ZIP	1285 SANTA ROSA AVE.	1	STREET ADDRESS	27	25 NU.	RSERY ROAL)	
TITLE	CLEARWATER FL 33755 D	☐ Detete	CITY-ST-ZIP TITLE	Liu.	~~~	BEAUPIERLE ROOK DRIVE	Change Addition	
NAME - STREET ADDRESS	WILLIAMS, BENEDICT V-REV.		NAME	Augi lugi	PINER	BEAUTIERRE	Di Change ()	
CITY-ST-ZIP	1564 GENTRY ST. CLEARWATER FL 33755		STREET ADDRESS CITY-ST-ZIP	CLE	ARW ATT	ROOK DRIVE BR: FloriDA 3	1375T	
TITLE	D ·	Delete	TITLE	200	IALA S	341/544 (7)	Fat Change Addition	
NAME STREET ADDRESS	SAMUEL, RALPH 1159 ENGMAN STREET	. 1	NAME STREET ADDRESS	1913	5 WB.1	9 NORTH APT	730	
CITY-ST-ZIP	CLEARWATER FL 33755		CITY-ST-ZIP	CLA	ARWAN	rr; iflorioa	33764	
TITLE NAME	D VANDUNK, PATIENCE	🗹 Delete	TITLE NAME	Che	ISTINA	9 NORTH APT PR ; //LORIDA OBABA (D RBURY-ROA PR ; //LORIDA	Change Addition	
STREET ADDRESS	1600 GERTYS STREET	1	STREET ADDRESS	643	CANITE	RBURY ROM	Ó	
CITY-ST-ZIP TITLE	HOBE SOUND FL 33455	The Parish	CITY-ST-ZIP	Cu	EARWAZ	ER IN-LORIDA	33764	
NAME	1	Delete	TITLE NAME	ĺ		00054515	Unange Addition	
STREET ADDRESS CITY-ST-ZIP	1	1	STREET ADDRESS CITY-ST-ZIP		elle Taur num	-05/06/02010	005017	
TITLE		☐ Delete	TITLE			*****61 <u>25</u> *	*****F1 25 ☐ Change ☐ Addition	
NAME STREET ADDRESS		•	NAME STREET ADDRESS	İ			-	
CITY-ST-ZIP	· 	1	CITY-ST-ZIP	l				
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 regeiver 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.								

TER NAME OF SIGNING OFFICER OR DIRECTOR

TED NAME OF SIGNING OFFICER OR DIRECTOR

THE NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: