

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90232 018 ****70.00

DOCUMENT # N99000001238

1. Entity Name
STREAMS OF LIFE, CHURCH OF GOD INCORPORATED



Principal Place of Business
**302 S JUPITER AVE
 CLEARWATER, FL 33755**

Mailing Address *Gentry*
**1564 GENTRY STREET
 CLEARWATER, FL 33755**

14010883



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04212004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-3591690

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WILLIAMS, BENEDICT V REV.
 1564 GENTRY ST.
 CLEARWATER, FL 33755**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D	NAME JONES, MARY MRS. STREET ADDRESS 1285 SANTA ROSA AVE. CITY-ST-ZIP CLEARWATER, FL 33755	<input type="checkbox"/> Delete
TITLE P	NAME WILLIAMS, BENEDICT V REV. STREET ADDRESS 1564 GENTRY ST. CITY-ST-ZIP CLEARWATER, FL 33755	<input type="checkbox"/> Delete
TITLE S	NAME OGAGA, JUDE STREET ADDRESS 2225 NURSERY ROAD CITY-ST-ZIP CLEARWATER, FL 33764	<input type="checkbox"/> Delete
TITLE D	NAME BEAUPIERRE, AUGUSTUS STREET ADDRESS 1464 PINEBROOK DRIVE CITY-ST-ZIP CLEARWATER, FL 33755	<input type="checkbox"/> Delete
TITLE D	NAME BAILEY, RONALD STREET ADDRESS 19135 US 19 NORTH APT 730 CITY-ST-ZIP CLEARWATER, FL 33764	<input type="checkbox"/> Delete
TITLE D	NAME OGAGA, CHRISTINA STREET ADDRESS 693 CANTERBURY ROAD CITY-ST-ZIP CLEARWATER, FL 33764	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	NAME Jones, Mary Mrs. STREET ADDRESS 1516 Stevenson Dr. CITY-ST-ZIP Clearwater, Fl. 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME Ogaga, Jude STREET ADDRESS 1985 Radcliffe Dr. E CITY-ST-ZIP Clearwater, Fl. 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME Bailey Ronald STREET ADDRESS 1547 Long Road Street CITY-ST-ZIP Clearwater, Fl. 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

4/22/04 (727) 430-5372
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR