

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

**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  
**1564 GENTRY STREET  
CLEARWATER, FL 33755**



04212007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME JONES, MARY MRS.  
STREET ADDRESS 1516 STEVENSON DR.  
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE P  
NAME WILLIAMS, BENEDICT V REV.  
STREET ADDRESS 1564 GENTRY ST.  
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE D  
NAME OGAGA, JUDE  
STREET ADDRESS 1985 ROADCLIFFE DR. E  
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE D  
NAME CALEB, ALFRED  
STREET ADDRESS 2948 DREW STREET  
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE S  
NAME TAYLOR, EMMA  
STREET ADDRESS 15461 60TH ST NORTH  
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE D  
NAME OGAGA, CHRISTINA  
STREET ADDRESS 693 CANTERBURY ROAD  
CITY-ST-ZIP CLEARWATER, FL 33764

U000000730476  
05/08/07-80083-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_