2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001238

FILED Mar 16, 2008 Secretary of State

Entity Name: STREAMS OF LIFE, CHURCH OF GOD INCORPORATED

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
302 S JUP CLEARW	ITER AVE ATER, FL 337	755			
	ailing Addre		New Mailing Addre	ec.	
ourrent in	dining Addic	.33.	New maning Addre	.33,	
	TRY STREET ATER, FL 337				
FEI Number:	: 59-3591690	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
1564 GEN	, BENEDICT TRY ST. ATER, FL 337				
	named entity e of Florida.	submits this statement for the p	urpose of changing its registe	red office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (JONES, MAR\ 1516 STEVEN CLEARWATE	ISON DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (OGAGA, JUDE 1985 ROADCI CLEARWATE	LIFFE DR. E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CALEB, ALFR 2948 DREW S	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (TAYLOR, EMM 15461 60TH S CLEARWATE	ST NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (OGAGA, CHR 693 CANTERE CLEARWATE	BURY ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: EMMA TAYLOR S 03/16/2008