

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000885

1. Entity Name

THE CANOPY AT LAKE GRIFFIN, INC.

CANOPY MINISTRIES, INC

Principal Place of Business

800 NEWELL HILL RD
LEESBURG FL 34748

Mailing Address

800 NEWELL HILL RD
LEESBURG FL 34748

2. Principal Place of Business

1277 FORGE ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

MOUNTAIN CITY, TN

City & State

Zip

37683

Country

USA

Zip

Country

4. FEI Number

59-3147540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARDNER, JAMES L
800 NEWELL HILL RD
LEESBURG FL 34748

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.

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

TITLE	CD	☐ Delete
NAME	GARDNER, JAMES L	
STREET ADDRESS	800 NEWELL HILL RD.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	☐ Delete
NAME	DEES, CHARLES	
STREET ADDRESS	10031A UNION PK DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	☐ Delete
NAME	STARLING, GEORGE	
STREET ADDRESS	602 NEWELL HILL RD	
CITY-ST-ZIP	LEESBURG FL	
TITLE	SD	☐ Delete
NAME	GARDNER, CANDY V.	
STREET ADDRESS	800 NEWELL HILL RD	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	☐ Delete
NAME	MULFORD, GEORGE A III	
STREET ADDRESS	36913 TAYLOR MILL RD.	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	D	☐ Delete
NAME	MYERS, JEFFREY L	
STREET ADDRESS	41737 KENDRA LN.	
CITY-ST-ZIP	WEIRDALE FL 32731	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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, was all other like empowered.

SIGNATURE:

JAMES L. GARDNER

1/10/01

352-787-8614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90137 025 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)