## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N92000000885

Entity Name: CANOPY MINISTRIES INC.

FILED Jan 12, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1177 FORG MOUNTAIN	GE ROAD N CITY, TN 37	7683			
Current Mailing Address:			New Maili	New Mailing Address:	
1177 FORG MOUNTAIN	GE ROAD N CITY, TN 37	7683			
FEI Number: 59-3147540 FEI Number Applied For ( ) FEI N			FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
MEYER, JE P.O.BOX 6 FRUITLANI		32731 US			
The above in the State	named entity : of Florida.	submits this statement for the pur	pose of changing it	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			i	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GARDNER, JAN 1177 FORGE F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) DEES, CHARLE 10031A UNION ORLANDO, FL		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition DEES, CHARLES DOCTOR 10031A UNION PK DR. ORLANDO, FL	
Title: Name: Address: City-St-Zip:	BRINSON, CLA	NESBORO ROAD	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BRINSON, CLAY DOCTOR 18213 OLD JONESBORO ROAD ABINGDON, VA 24211	
Title: Name: Address: City-St-Zip:	SD ( ) GARDNER, CA 1177 FORGE F MOUNTAIN CIT	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) MULFORD, GE 36913 TAYLOR FRUITLAND PA	MILL RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) MYERS, JEFF 41737 KENDRA WEIRDALE, FL	A LN.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES L. GARDNER CD 01/12/2005