## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000885

Entity Name: CANOPY MINISTRIES INC.

**Current Principal Place of Business:** 

1177 FORGE ROAD

MOUNTAIN CITY, TN 37683

**Current Mailing Address:** 

1177 FORGE ROAD

MOUNTAIN CITY. TN 37683

FEI Number: 59-3147540 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STARLING, RENNIE 602 NEWELL HILL ROAD LEESBURG, FL 34748 US

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:

Electronic Signature of Registered Agent

Date

FILED Jan 09, 2015

**Secretary of State** 

CC2904589752

Officer/Director Detail:

Title CD Title [

Name GARDNER, JAMES L Name FALLING, STEVE DOCTOR

Address 1177 FORGE ROAD Address 522 WAKEFIELD CT

City-State-Zip: MOUNTAIN CITY TN 37683 City-State-Zip: KINGSPORT TN 37663

Title D Title SD

Name BRINSON, CLAY DOCTOR Name GARDNER, CANDY V

Address 18213 OLD JONESBORO ROAD Address 1177 FORGE ROAD

City-State-Zip: ABINGDON VA 24211 City-State-Zip: MOUNTAIN CITY TN 37683

Title D Title D

Name MULFORD, GEORGE AIII Name WHITE, ALAN DOCTOR

Address 36913 TAYLOR MILL RD. Address 228 MONTSWEAG CT

City-State-Zip: FRUITI AND PARK FL 34731 City-State-Zip: KINGSPORT TN 37664

City-State-Zip: FRUITLAND PARK FL 34731

Title DIRECTOR

Name DENTON, JAMES DR.
Address 24115 BERRY CREEK DR.

City-State-Zip: ABINGDON VA 24211

I hereby 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 all other like empowered.

SIGNATURE: JAMES GARDNER DIRECTOR 01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date