

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005553

FILED
Jan 03, 2006
Secretary of State

Entity Name: CANNAVO MINISTRIES, INC.

Current Principal Place of Business:

320 BAYSHORE DRIVE
TERRA CEIA, FL 34250

New Principal Place of Business:

Current Mailing Address:

PO BOX 352
TERRA CEIA, FL 34250

New Mailing Address:

FEI Number: 05-0474652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANNAVO, PHILLIP
320 BAYSHORE DRIVE
TERRA CEIA, FL 34250 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CANNAVO, PHILLIP A
Address: 320 BAYSHORE DRIVE
City-St-Zip: TERRA CEIA, FL 34250

Title: VC () Delete
Name: CANNAVO, LYDIA J
Address: 320 BAYSHORE DRIVE
City-St-Zip: TERRA CEIA, FL 34250

Title: D () Delete
Name: FEO, STEVE
Address: 3757 HWY 59 STE M
City-St-Zip: GULF SHORE, AL 36542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PHILLIP ANTHONY CANNAVO

C

01/03/2006

Electronic Signature of Signing Officer or Director

Date