

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011341

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** THE CANAAN RECOVERY FOUNDATION, INC.

**Current Principal Place of Business:**

4156 HWY 20 EAST  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 818  
FREEPORT, FL 32439

**New Mailing Address:**

**FEI Number:** 26-1860103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROUSSARD, JOHN R  
388 BAYOU CIR  
FREEPORT, FL 32439 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: VPD  
Name: BROUSSARD, JOHN R  
Address: 388 BAYOU CIRCLE  
City-St-Zip: FREEPORT, FL 32439

Title: PD  
Name: EARLES, CHARLES E  
Address: 3218 BAY ESTATES DR.  
City-St-Zip: DESTIN, FL 32550

Title: D  
Name: RICHARD, JIM  
Address: 264 E. BAYOU FOREST DR  
City-St-Zip: FREEPORT, FL 32439

Title: D  
Name: CHRISTENSEN, DICK  
Address: 400 KELLY PLANTATION #902  
City-St-Zip: DESTIN, FL 325418462

Title: D  
Name: CRUNK, JOHN  
Address: 3018 CLUB DRIVE  
City-St-Zip: DESTIN, FL 32550

Title: D  
Name: BACH, JENS  
Address: 169 EMERALD RIDGE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: JOHN R. BROUSSARD

VP

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date