

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39529

Entity Name: CAPERNAUM MINISTRIES, INC.

FILED
Apr 26, 2004
Secretary of State

Current Principal Place of Business:

C/O WAY, JAMES
6285 45 STREET
VERO BEACH, FL 32967 US

Current Mailing Address:

C/O WAY, JAMES
6285 45 STREET
VERO BEACH, FL 32967 US

New Principal Place of Business:

C/O WAY, JAMES
110 PARK AVE. E. STE. B
INDIAN LAKE ESTATES, FL 33855 US

New Mailing Address:

C/O WAY, JAMES
P.O. BOX 7275
INDIAN LAKE ESTATES, FL 338557275 US

FEI Number: 59-3011848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAY, JAMES
6285 45TH STREET
VERO BEACH, FL 329677897 US

Name and Address of New Registered Agent:

WAY, JAMES
P.O. BOX 7275
INDIAN LAKE ESTATES, FL 338557275 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:

04/26/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BALL, ROGER
Address: 455 SW 58TH AVE
City-St-Zip: VERO BEACH, FL 32968

Title: TD () Delete
Name: BELL, DWIGHT W
Address: 361 SW MAJESTIC TERRACE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: D () Delete
Name: WAY, JAMES
Address: 6285 45TH ST
City-St-Zip: VERO BEACH, FL

Title: VP () Delete
Name: WILLIS, RAY
Address: 890 N HWY 19
City-St-Zip: PALATKA, FL 32178

Title: D () Delete
Name: MCCANTS, RON
Address: 7 W MAIN STREET, STE 300
City-St-Zip: APOPKA, FL 32703

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: MD (X) Change () Addition
Name: WAY, JAMES
Address: 323 HIBISCUS
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

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

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

Title: P () Change (X) Addition
Name: SMITH, CLIFTON
Address: 7 W MAIN STREET, STE 300
City-St-Zip: APOPKA, FL 32703

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 WAY

MD

04/26/2004

Electronic Signature of Signing Officer or Director

Date

FRED SHIPMAN - D
365 JOG ROAD
WEST PALM BEACH, FL 33415