2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008
Secretary of State

DOCUMENT# N39529

Entity Name: CAPERNAUM MINISTRIES, INC.

Current Principal Place of Business:

C/O WAY, JAMES
1640 PARK AVE., STE. B
INDIAN LAKE ESTATES, FL 338557275 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3011848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WAY, JAMES S
1640 PARK AVE
SUITE B
INDIAN LAKE ESTATES, FL 338557275 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:	P	( ) Delete
Name:	WAY, JAMES S	
Address:	2970 HIBISCUS DR	
City-St-Zip:	INDIAN LAKE ESTATES, FL 338557809 US	
Title:	VP	( ) Delete
Name:	SHIPMAN, FREDERICK	
Address:	365 JOG ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33415 US	
Title:	TD	( ) Delete
Name:	WALTON, EUGENE P	
Address:	2850 PALM AVE.	
City-St-Zip:	INDIAN LAKE ESTATES, FL 338557807 US	
Title:	D	( ) Delete
Name:	BALL, ROGER	
Address:	455 SW 58TH AVE	
City-St-Zip:	VERO BEACH, FL 32968 US	
Title:	SD	( ) Delete
Name:	MILLER, TROY	
Address:	5688 E. SR 44	
City-St-Zip:	WILDWOOD, FL 34785 US	
Title:	D	( ) Delete
Name:	SMITH, CLIFTON	
Address:	7 W MAIN STREET, STE 300	
City-St-Zip:	APOPKA, FL 32703 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	WAY, JAMES S	
Address:	2971 HIBISCUS DR	
City-St-Zip:	INDIAN LAKE ESTATES, FL 338557809 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 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: EUGENE P WALTON TD 05/27/2008
Electronic Signature of Signing Officer or Director — Date