

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000885

Entity Name: CANOPY MINISTRIES INC.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

1177 FORGE ROAD
MOUNTAIN CITY, TN 37683

New Principal Place of Business:

Current Mailing Address:

1177 FORGE ROAD
MOUNTAIN CITY, TN 37683

New Mailing Address:

FEI Number: 59-3147540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARLING, RENNIE
602 NEWELL HILL ROAD
LEESBURG, FL 34748 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: CD () Delete
Name: GARDNER, JAMES L
Address: 1177 FORGE ROAD
City-St-Zip: MOUNTAIN CITY, TN 37683 US

Title: D () Delete
Name: DEES, CHARLES DOCTOR
Address: 10031A UNION PK DR.
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: BRINSON, CLAY DOCTOR
Address: 18213 OLD JONESBORO ROAD
City-St-Zip: ABINGDON, VA 24211

Title: SD () Delete
Name: GARDNER, CANDY V
Address: 1177 FORGE ROAD
City-St-Zip: MOUNTAIN CITY, TN 37683

Title: D () Delete
Name: MULFORD, GEOGRE A III
Address: 36913 TAYLOR MILL RD.
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D () Delete
Name: WHITE, ALAN DOCTOR
Address: 228 MONTWEAG CT
City-St-Zip: KINGSPORT, TN 37664

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:

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

Title: D (X) Change () Addition
Name: MULFORD, GEORGE A III
Address: 36913 TAYLOR MILL RD.
City-St-Zip: FRUITLAND PARK, FL 34731

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: JAMES L. GARDNER

CD

01/12/2009

Electronic Signature of Signing Officer or Director

Date