

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV -9 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N94000002464 (5)

1. Corporation Name

C. A. N. MINISTRIES, INC.

Principal Place of Business

Mailing Address

6646 MANGROVE DRIVE
WESLEY CHAPEL FL 33544

6646 MANGROVE DRIVE
WESLEY CHAPEL FL 33544

3. Date Incorporated or Qualified

05/13/1994

4. FEI Number

59-3240972

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☒

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CLAXTON-WOODS, THEOLINDA
6646 MANGROVE DR
WESLEY CHAPEL FL 33544

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME CLAXTON-WOODS, THEOLINDA
STREET ADDRESS 6646 MANGROVE DRIVE
CITY-ST-ZIP WESLEY CHAPEL FL

TITLE VCD ☒ DELETE

NAME BROWN, PHILLIP M
STREET ADDRESS 17644 DOGWOOD DRIVE
CITY-ST-ZIP LUTZ FL

TITLE D ☐ DELETE

NAME RUSSO, EDWARD J
STREET ADDRESS 27336 GOLDEN MEADOW BLVD.
CITY-ST-ZIP WESLEY CHAPEL FL

TITLE SD ☐ DELETE

NAME WALTERS, KAREN A
STREET ADDRESS 4716 STEEL DUST LANE
CITY-ST-ZIP LUTZ FL

TITLE D ☐ DELETE

NAME PRIOR, WILLIAM W.J.
STREET ADDRESS 4577 ESSEX LANE
CITY-ST-ZIP SPRINGHILL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VCD ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Theolinda Claxton-Woods*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 31, 1998 813-973-3644
Date Daytime Phone #

CR2E037 (5/98)