

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90011 002 ****61.25

DOCUMENT # **N94000002464**

Corporation Name

C. A. N. MINISTRIES, INC.

614303 - 90011 - 2

Principal Place of Business

6646 MANGROVE DRIVE
WESLEY CHAPEL FL 33544

Mailing Address

6646 MANGROVE DRIVE
WESLEY CHAPEL FL 33544



| | | | | | |
|--|--|--|--|---|--|
| Principal Place of Business 26612 CHIANINA DR. | | 2a. Mailing Address 26612 CHIANINA DR. | | 3. Date Incorporated or Qualified 05/13/1994 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 59-3240972 | |
| City & State WESLEY CHAPEL FL | | City & State WESLEY CHAPEL FL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33544 | | Zip 33544 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 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 | |

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

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------|---|---|--|
| E | CD CLAXTON-WOODS, THEOLINDA 6646 MANGROVE DRIVE WESLEY CHAPEL FL | 1.1 TITLE C-D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| E | | 1.2 NAME CLAXTON-WOODS THEOLINDA | |
| ST-ADDRESS | | 1.3 STREET ADDRESS 26612 CHIANINA DRIVE | |
| ST-ZIP | | 1.4 CITY-ST-ZIP WESLEY CHAPEL FLORIDA 33544 | |
| E | VCD EBAZO, EUGENIO 30640 EASTPORT DRIVE WESLEY CHAPEL FL 33544 | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| E | | 2.2 NAME | |
| ST-ADDRESS | | 2.3 STREET ADDRESS | |
| ST-ZIP | | 2.4 CITY-ST-ZIP | |
| E | D RUSSO, EDWARD J 27336 GOLDEN MEADOW BLVD. WESLEY CHAPEL FL | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| E | | 3.2 NAME | |
| ST-ADDRESS | | 3.3 STREET ADDRESS | |
| ST-ZIP | | 3.4 CITY-ST-ZIP | |
| E | SD WALTERS, KAREN A 4716 STEEL DUST LANE LUTZ FL | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| E | | 4.2 NAME | |
| ST-ADDRESS | | 4.3 STREET ADDRESS | |
| ST-ZIP | | 4.4 CITY-ST-ZIP | |
| E | D PRIOR, WILLIAM W.J. 4577 ESSEX LANE SPRINGHILL FL | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| E | | 5.2 NAME | |
| ST-ADDRESS | | 5.3 STREET ADDRESS | |
| ST-ZIP | | 5.4 CITY-ST-ZIP | |
| E | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| E | | 6.2 NAME | |
| ST-ADDRESS | | 6.3 STREET ADDRESS | |
| ST-ZIP | | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE:

THEOLINDA CLAXTON-WOODS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)