

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0077356

DOCUMENT # N94000002464

1. Entity Name

C. A. N. MINISTRIES, INC.

04-11-2002 90660 042 ****61.25

Principal Place of Business

Mailing Address

**26612 CHIANINA DR
 WESLEY CHAPEL FL 33544**

**26612 CHIANINA DR
 WESLEY CHAPEL FL 33544**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3240972

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BROWN, STEPHEN R**
 CITY-ST-ZIP **3573 SEAWAY DRIVE
 NEW PORT RICHEY FL 34652**

TITLE ☐ Change ☒ Addition
 NAME **SECRETARY**
 STREET ADDRESS **KAREN DUVAL**
 CITY-ST-ZIP **4716 STEEL DUST LANE
 LUTZ FLORIDA 33559**

TITLE ☐ Delete
 NAME **VCD**
 STREET ADDRESS **ERAZO, EUGENIO**
 CITY-ST-ZIP **30640 EASTPORT DRIVE
 WESLEY CHAPEL FL 33544**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RUSO, EDWARD J**
 CITY-ST-ZIP **27336 GOLDEN MEADOW BLVD.
 WESLEY CHAPEL FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **PRIOR, WILLIAM W.J.**
 CITY-ST-ZIP **4577 ESSEX LANE
 SPRINGHILL FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Theolinda Woods

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)