

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000002464

1. Entity Name
C. A. N. MINISTRIES, INC.



Principal Place of Business
26612 CHIANINA DR
WESLEY CHAPEL, FL 33544

Mailing Address
26612 CHIANINA DR
WESLEY CHAPEL, FL 33544



06122005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3240972
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAXTON-WOODS, THEOLINDA
26612 CHIANINA DRIVE
WESLEY CHAPEL, FL 33544

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME BROWN, STEPHEN R
STREET ADDRESS 3573 SEAWAY DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34852

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

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

TITLE A
NAME DUVALL, KAREN
STREET ADDRESS 4716 STEEL DUST LANE
CITY-ST-ZIP LUTZ, FL 33559

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 Claxton-Woods* THEOLINDA CLAXTON-WOODS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date June 12, 2005

Daytime Phone # 813-973-3644