


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N94000002464</b>		
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	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CLAXTON-WOODS, THEOLINDA 26612 CHIANINA DRIVE WESLEY CHAPEL, FL 33544		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, STEPHEN R 3573 SEAWAY DRIVE NEW PORT RICHEY, FL 34652	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD ERAZO, EUGENIO 30840 EASTPORT DRIVE WESLEY CHAPEL, FL 33544	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSO, EDWARD J 27336 GOLDEN MEADOW BLVD. WESLEY CHAPEL, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	A DUVALL, KAREN 4716 STEEL DUST LANE LUTZ, FL 33559	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Theolinda Claxton-Woods</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>2-22-06</i> <i>813-862-2665</i> <small>Date Daytime Phone #</small>



02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3240972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/13/06-80062-005 61.25

**DO NOT WRITE  
IN THIS SPACE**