

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90042 001 ****61.25
06-28-2007 90042 002 *****8.75

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**

00010011



06162007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3240972

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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
30640 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

**DO NOT WRITE
IN THIS SPACE**

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:

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

June 15, 2007
Date
913-862-2665
Daytime Phone #