2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000002464

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

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

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05142008 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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000952443
060704O8-80075-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, STEPHEN R
STREET ADDRESS	3573 SEAWAY DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
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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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. May 14 813-862-2665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #