2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N94000002464

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

Current Principal Place of Business:

26612 CHIANINA DR
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

26612 CHIANINA DR
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 59-3240972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BROWN, STEPHEN R
Address: 3573 SEAWAY DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VCD ( ) Delete
Name: ERAZO, EUGENIO
Address: 30640 EASTPORT DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D ( ) Delete
Name: RUSSO, EDWARD J
Address: 27336 GOLDEN MEADOW BLVD.
City-St-Zip: WESLEY CHAPEL, FL

Title: A ( ) Delete
Name: DUVALL, KAREN
Address: 4716 STEEL DUST LANE
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEOLINDA CLAXTON-WOODS RA 05/05/2009

Electronic Signature of Signing Officer or Director — Date