

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004938

1. Entity Name

CANAAN MINISTRIES OF DAVENPORT, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90107 044 ****70.00

Principal Place of Business

Mailing Address

4025 FDC GROVE ROAD
DAVENPORT FL 33837

4025 FDC GROVE ROAD
DAVENPORT FL 33837-2545

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
DAVENPORT

Suite, Apt. #, etc.
DAVENPORT

City & State

City & State

DAVENPORT, FL

DAVENPORT, FL

Zip

Country

Zip

Country

33837

USA

33837

USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEAN, DANIEL C SR
4025 FDC GROVE ROAD
DAVENPORT FL 33837

736 DIAMOND ACRES RD.

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Daniel C. Bean, Sr.

5/1/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

NAME DAY, MARK

STREET ADDRESS 15870 E. LAKESHORE DR.

CITY-ST-ZIP HOPE IN 47246

TITLE ☐ Delete

NAME TV

STREET ADDRESS BEAN, DANIEL C JR

CITY-ST-ZIP 120 PETTEWAY DR -

LAKELAND FL

TITLE ☐ Delete

NAME TV

STREET ADDRESS BEAN, MICHAEL J

CITY-ST-ZIP 19 FOREST DR

DAVENPORT FL

TITLE ☐ Delete

NAME TP

STREET ADDRESS BEAN, DANIEL C SR

CITY-ST-ZIP 4625 FDC GROVE RD

DAVENPORT FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Daniel C. Bean, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

863-42-8245

Daytime Phone #

CR 11037 (9/99)