

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000004938

1. Entity Name
CANAAN MINISTRIES OF DAVENPORT, INC.



Principal Place of Business
**736 DIAMOND ACRES ROAD
DAVENPORT, FL 33837**

Mailing Address
**736 DIAMOND ACRES ROAD
DAVENPORT, FL 33837**



04222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3449658

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEAN, DANIEL C SR
736 DIAMOND ACRES RD
DAVENPORT, FL 33837**

**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 May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000157194
05/06/04-80017-004 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAY, MARK 15870 E. LAKESHORE DR. HOPE, IN 47246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV BEAN, DANIEL C JR 354 VINEYARD DR. LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV BEAN, MICHAEL J 4031 KATHLEEN ROAD DAVENPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BEAN, DANIEL C SR 736 DIAMOND ACRES DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BEAN, PHYLLIS 736 DIAMOND ACRES DAVENPORT, FL 33837
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phyllis C Bean
April 28 04 863 421-8245
Daytime Phone # **8245**