

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90134 046 ****70.00

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**

50064955



DO NOT WRITE IN THIS SPACE

08202005 No Chg-NP

CR2E037 (10/03)

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 September 7, 2005**

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
**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:

Phyllis C Bean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-05
Date

863-421-8245
Daytime Phone #