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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006461

1. Corporation Name

LAND OF CANAAN CHURCH OF GOD INC.

Principal Place of Business

**324 NEW YORK DRIVE
FT MYERS FL 33905**

Mailing Address

**324 NEW YORK DRIVE
FT MYERS FL 33905**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/09/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent

JOHNSON, DUANE
324 NEW YORK DRIVE
FT MYERS FL 33905

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D. Duane Johnson <input type="checkbox"/> DELETE	1.1 TITLE	D. Duane Johnson <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	324 New York Dr.	1.2 NAME	324 New York Dr.
STREET ADDRESS	Ft Myers FL 33905	1.3 STREET ADDRESS	Ft Myers FL 33905
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D. Timothy O. Johnson <input type="checkbox"/> DELETE	2.1 TITLE	D. Timothy O. Johnson <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4934 Dean St.	2.2 NAME	4934 Dean St.
STREET ADDRESS	Ft Myers, FL 33905	2.3 STREET ADDRESS	Ft Myers, FL 33905
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T. Kathy Johnson <input type="checkbox"/> DELETE	3.1 TITLE	T. Kathy Johnson <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	324 New York Dr.	3.2 NAME	324 New York Dr.
STREET ADDRESS	Ft Myers, FL 33905	3.3 STREET ADDRESS	Ft Myers, FL 33905
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E037-(11/98)