2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006461

FILED May 16, 2009 Secretary of State

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entity Na	me: LAND OF CANAAN CHURCH OF	GOD INC.
Current P	Principal Place of Business:	New Principal Place of Business:
1151 PALI FT MYERS	M LANE S, FL 33905	
Current M	Mailing Address:	New Mailing Address:
151 PALI T MYER	M LANE S, FL 33905	2102 EAST 12TH STREET LEHIGH ACRES, FL 33972
	nce with s. 607.193(2)(b), F.S., the corporation of	lid not receive the prior notice.
lame and	d Address of Current Registered Agent	t: Name and Address of New Registered Agent:
IOHNSON	A DUANE	
151 PALI		
I151 PALI T MYER: The above	MILANE S, FL 33905 US	the purpose of changing its registered office or registered agent, or bot
151 PALI T MYERS The above the State	M LANE S, FL 33905 US e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or bot
151 PALI T MYERS he above the State	M LANE S, FL 33905 US e named entity submits this statement for e of Florida.	
1151 PALI T MYERS The above n the State	M LANE S, FL 33905 US e named entity submits this statement for e of Florida. RE:	
151 PALIT MYERS The above in the State SIGNATUI DFFICER ittle: lame: ddress:	M LANE S, FL 33905 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Registered	I Agent Date
I151 PALI T MYERS The above the State SIGNATU	M LANE S, FL 33905 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: D () Delete JOHNSON, DUANE 4151 PALM LANE	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:

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: DUANE JOHNSON D 05/16/2009