

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morthard
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 FEB 13 AM 9:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000016200 (3)
 1. Corporation Name
CANAANLAND MINISTRIES, INC.



Principal Place of Business
**4988 D ADLER DR
 WEST PALM BEACH FL 33417**

Mailing Address
**4988 D ADLER DR
 WEST PALM BEACH FL 33417**

REINSTATEMENT 97-98
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt #, etc
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt #, etc
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
02/19/1996

3a. Date of Last Report
110

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BLOTT, JACK
 4988 D ADLER DR
 WEST PALM BEACH FL 33417**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE JACK BLOTT Jack Blott 01/13/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	PRESIDENT AND DIRECTOR
STREET ADDRESS		1.3 STREET ADDRESS	ROBBIE GOULD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PO BOX 2243 N/A LUMBERTON N.C. 28857
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VICE PRESIDENT & DIRECTOR
STREET ADDRESS		2.3 STREET ADDRESS	JOSEPH WEBB WEBB
CITY-ST-ZIP		2.4 CITY-ST-ZIP	4395 D WILLOW POND RD WEST PALM BEACH, FL. 33417
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	SECRETARY & TREASURER & DIRTA.
STREET ADDRESS		3.3 STREET ADDRESS	RICH BUTLER
CITY-ST-ZIP		3.4 CITY-ST-ZIP	6452 BISONOFF RD WEST PALM BEACH, FL. 33413.
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DIRECTOR
STREET ADDRESS		4.3 STREET ADDRESS	JACK BLOTT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	4988 D ADLER DR. WEST PALM BEACH FL. 33417
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	900002432779-4
STREET ADDRESS		5.3 STREET ADDRESS	-02/17/98--01053--013
CITY-ST-ZIP		5.4 CITY-ST-ZIP	****900.00 ****900.00
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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)