## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39529

Entity Name: CAPERNAUM MINISTRIES, INC.

**Current Principal Place of Business:** 

3500 CANAL ROAD LAKE WALES. FL 33898

**Current Mailing Address:** 

3500 CANAL ROAD

LAKE WALES. FL 33898 US

FEI Number: 59-3011848 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WAY, SHERRY S 3500 CANAL ROAD LAKE WALES, FL 33898 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Mar 25, 2014

**Secretary of State** 

CC1577810734

Officer/Director Detail :

Title Title

WAY, JAMES S SHIPMAN, FREDERICK Name Name

Address 3500 CANAL ROAD Address 365 JOG ROAD

City-State-Zip: WEST PALM BEACH FL 33415 LAKE WALES FL 33898 City-State-Zip:

Title D Title **TSD** 

Name BALL, ROGER Name WOOD, SHAN

Address 455 58TH AVENUE SW Address 2565 EAST KALEY AVENUE VERO BEACH FL 32967

City-State-Zip: ORLANDO FL 32806 City-State-Zip:

Title DIRECTOR Title D

Name COOK, PHILLIP CASEY, ALLAN Name

Address PO BOX 6756 Address 395 AVENUE C, NORTHWEST

City-State-Zip: THOMASVILLE GA 31758 WINTER HAVEN FL 33883 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name NELSON, WALTER HILLIGOSS, JACK Name 36 FAIRWAY DR Address 501 BURNS AVENUE E Address

City-State-Zip: BABSON PARK FL 33827 City-State-Zip: LAKE WALES FL 32953

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I hereby 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 all other like empowered.

03/25/2014 SIGNATURE: JAMES S WAY **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

NameWILLIAMS, ROSCOEAddress2400 LYDIA STREETCity-State-Zip:LAKE WALES FL 33859