

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 06, 2009
Secretary of State**

DOCUMENT# N08000011490

Entity Name: THE EVIDENCE MINISTRY, INC.

Current Principal Place of Business:

19 PARKVIEW DR.
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 353378
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 26-3975818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COTHRAN, CHARLENE E
19 PARKVIEW DR.
PALM COAST, FL 32164 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COTHRAN, CHARLENE L
Address: 19 PARKVIEW DR.
City-St-Zip: PALM COAST, FL 32164

Title: D (X) Change () Addition
Name: COTHRAN, CHARLENE E
Address: 19 PARKVIEW DR.
City-St-Zip: PALM COAST, FL 32164

Title: D () Delete
Name: LEVANT, OLLIE G
Address: 60 WHITEHORSE AVE., #A3
City-St-Zip: HAMILTON, NJ 08610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: DIXON, CRYSTAL
Address: P. O. BOX 140062
City-St-Zip: TOLEDO, OH 43614

Title: D (X) Change () Addition
Name: DIXON, CRYSTAL Y
Address: P. O. BOX 140062
City-St-Zip: TOLEDO, OH 43614

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: CHARLENE E. COTHRAN

D

07/06/2009

Electronic Signature of Signing Officer or Director

_____ Date