2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# F08000004969

Entity Name: THE EVANS MINISTRIES INC

Current Principal Place of Business:

ONE EVANS WAY
CRANSTON, RI 02920

New Principal Place of Business:

Current Mailing Address:

ONE EVANS WAY
CRANSTON, RI 02920

New Mailing Address:

FEI Number: 05-0505091 **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:

EVANS, DIANNE A
584 LINCOLN AVE NW
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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:

Title: CP ( ) Delete
Name: EVANS, RICHARD W
Address: 1 EVANS WAY
City-St-Zip: CRANSTON, RI 02920

Title: VCST ( ) Delete
Name: EVANS, DIANNE A
Address: 584 LINCOLN AVE NW
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VPD ( ) Delete
Name: BARNETT, LAVINIA
Address: 1518 EASTWOOD DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete
Name: HOWELL, CAROL BO
Address: 294 BELLMAN AVE
City-St-Zip: WARWICK, RI 02889

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DIANNE A EVANS VCST 05/20/2009

Electronic Signature of Signing Officer or Director — Date