

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

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03-21-2007 90042 046 ****61.25

DOCUMENT # N06000011369			
1. Entity Name EVANS GOSPEL MINISTRIES INC.			
Principal Place of Business 37 LEWIS STREET ATLANTIC BEACH FL 32233		Mailing Address 37 LEWIS STREET ATLANTIC BEACH FL 32233	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 83-0467964		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EVANS, FRANK H REV 37 LEWIS STREET ATLANTIC BEACH FL 32233		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE _____			
FILE NOW: FEE IS \$81.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CP EVANS, FRANK H REV 37 LEWIS STREET ATLANTIC BEACH FL 32233 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V EVANS, JOHNNIE M REV 37 LEWIS STREET ATLANTIC BEACH FL 32233 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	EVANS, Johnnie M Evangelist ☒ Change ☐ Addition 37 Lewis Street Atlantic Beach Florida 32233
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T SMALLWOOD, BONITA REV 37 LEWIS STREET ATLANTIC BEACH FL 32233 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Smallwood, Bonita MRS. ☒ Change ☐ Addition 37 Lewis Street Atlantic Beach Florida 32233
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S SPANN, MEECO REV 37 LEWIS STREET ATLANTIC BEACH FL 32233 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SPANN, MEECO MRS. ☒ Change ☐ Addition 37 Lewis Street Atlantic Beach Florida 32233
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Rev Frank H Evans</i> REV FRANK H EVANS		3-12-07	904 710 1803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Office Phone #