

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N08000011490

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** THE EVIDENCE MINISTRY, INC.

**Current Principal Place of Business:**

19 PARKVIEW DR.  
PALM COAST, FL 32164

**New Principal Place of Business:**

19 PARKVIEW DR.  
PALM COAST, FL 32164 US

**Current Mailing Address:**

P. O. BOX 353378  
PALM COAST, FL 32135

**New Mailing Address:**

P. O. BOX 353378  
PALM COAST, FL 32135 US

**FEI Number:** 26-3975818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** COTHRAN, CHARLENE E  
**Address:** 19 PARKVIEW DR.  
**City-St-Zip:** PALM COAST, FL 32164 US

**Title:** DS  
**Name:** LEVANT, OLLIE G  
**Address:** 1736 GREENLAND AVE.  
**City-St-Zip:** EWING TOWNSHIP, NJ 08638 US

**Title:** DT  
**Name:** YORK, LINDA H  
**Address:** 626 PARKINSON AVE.  
**City-St-Zip:** HAMILTON, NJ 08610 US

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.

**SIGNATURE:** CHARLENE E. COTHRAN

DP

01/13/2012

Electronic Signature of Signing Officer or Director

Date