### **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N13957**

1. Corporation Name

### E.V. COONS EVANGELISTIC MINISTRIES, INC.

Principal Place of Business

Mailing Address

8775 SE 23RD AVENUE STARKE FL 32091

RT. 3-BOX 622

STARKE FL 32091

# **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90149 043 \*\*\*\*61.25

				•			
2. Principal Place of Business       2a. Mailing Address         21 8775 SE 23rd Avenue       26 Rt. 3, Box 622			3. Date Incorporated or Qualifed 03/21/1986				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number 59-2796260	Applied For Not Applicable			
City & State 23 Starke, Florida	City & State	20	5. Certificate of Status Desired □ □no	• \$8.75 Additional Fee Required			
Zip Country	29 32091 30	untry US	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
3209 Name and Address of Current	10. Name and Address of New Registered Agent						
		81 Name		<u> </u>			
COONS, E.V. RT.3-BOX 622	82 Street Add	2 Street Address (P.O. Box Number is Not Acceptable)					
CTARKE EL 20001	•	83					

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

City

SIGNATURE	· · · · · · · · · · · · · · · · · · ·						<u> </u>				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)											
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES	TO OFFICERS AN						
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition				
NAME .	COONS, E.V.		1.2 NAME								
STREET ADDRESS	RT, 3 BOX 622	'	1.3 STREET ADDRESS	•	•						
CITY-ST-ZIP	STARKE FL 32091		1.4 CITY-ST-ZIP								
TITLE	VD	DELETE	2.1 TITLE			☐ Change	☐ Addition				
NAME	SMITH, ROBERT D.		2.2 NAME	•							
STREET ADDRESS	1999 W. FAIRBANKS AVE.	·	2.3 STREET ADDRESS				i				
CITY-ST-ZIP	WINTER PARKS FL 32091		2.4 CITY-ST-ZIP		<del> </del>		7 A 4 470				
TITLE	STD	☐ DEĻĒŢĒ,	-3.1 TITLE	•	. ж	Change	Addition				
NAME	COONS, KAREN		3.2 NAME								
STREET ADDRESS	RT.3-BOX 622	1	3.3 STREET ADDRESS			•					
CITY-ST-ZIP	STARKE FL 32091		3.4. CITY-ST-ZIP								
TITLE		DELETE	4.1 TITLE	•		☐ Change	☐ Addition				
NAME			4.2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS	•			į				
CITY-ST-ZIP .			4.4 CITY-ST-ZIP								
TITLE		☐ DELETE	5.1 TITLE			Change	Addition				
NAME			5.2 NAME								
STREET ADDRESS		]	5.3 STREET ADDRESS		•						
CITY-ST-ZIP			5.4 CITY-ST-ZIP			·					
TITLE		DELETE	6.1 TITLE			Change	☐ Addition				
NAME	•		6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
CITY-ST-ZIP			6.4 CITY-ST-ZIP	0 # 440 07(0)(0) F1 11 0		475 Ab A 41 1					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

E. V. SCOOTS AT JAZ RE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99 (352)473-4188

Daytime Phone #

Zip Code

85