

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13957

1. Entity Name

E.V. COONS EVANGELISTIC MINISTRIES, INC.

Principal Place of Business

8775 SE 23RD AVENUE
STARKE FL 32091
US

Mailing Address

RT. 3-BOX 622
STARKE FL 32091-9322

2. Principal Place of Business

same as 1
Suite, Apt. #, etc.

3. Mailing Address

same as 1
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2796260

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COONS, E.V.
RT.3-BOX 622
STARKE FL 32091

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COONS, E.V.
STREET ADDRESS RT, 3 BOX 622
CITY-ST-ZIP STARKE FL 32091 ☐ Delete

TITLE VD
NAME SMITH, ROBERT D.
STREET ADDRESS 1999 W. FAIRBANKS AVE.
CITY-ST-ZIP WINTER PARKS FL 32091 ☐ Delete

TITLE STD
NAME COONS, KAREN
STREET ADDRESS RT.3-BOX 622
CITY-ST-ZIP STARKE FL 32091 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 617, 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:

Signature Required

4-27-00

352 473 4188

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90156 012 ****61.25



DO NOT WRITE IN THIS SPACE