

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90058 023 ****61.25

DOCUMENT # N13957

1. Entity Name

E.V. COONS EVANGELISTIC MINISTRIES, INC.



Principal Place of Business Mailing Address
8775 SE 23RD AVENUE 8775 SE 23RD AVE
STARKE FL 32091 STARKE FL 32091
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2796260 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)
8775 SE 23rd Av

City Starke

FL Zip Code 32091

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE VD
NAME BRUNT, FRANK ☐ Delete
STREET ADDRESS 6789 DOE TRAIL CT.
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

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

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 8775 SE 23rd AV
CITY-ST-ZIP Starke, FL 32091

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 8775 SE 23rd AV
CITY-ST-ZIP Starke, FL 32091

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene V. Coons

Date

Daytime Phone #

hm
4/21/04 352 473 2273

44030932



MOORE CR2E037 (11/03)