

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|----------------------------------|---|--|---|--|
| DOCUMENT # N13957 1. Entity Name E.V. COONS EVANGELISTIC MINISTRIES, INC. | | | | | |
| Principal Place of Business 413 SE 72ND STREET STARKE FL 32091 US | | | Mailing Address 413 SE 72ND STREET 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 | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| COONS, E.V. 413 SE 72ND STREET STARKE FL 32091 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COONS, E.V. | | NAME | | |
| STREET ADDRESS | 413 SE 72ND STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | STARKE FL 32091 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRUNT, FRANK | | NAME | | |
| STREET ADDRESS | 6789 DOE TRAIL CT. | | STREET ADDRESS | | |
| CITY-ST-ZIP | KEYSTONE HEIGHTS FL 32656 | | CITY-ST-ZIP | | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COONS, KAREN | | NAME | | |
| STREET ADDRESS | 413 SE 72ND STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | STARKE FL 32091 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |



1st MOORE CR2E037 (10/05)

4. FEI Number **59-2796260** Applied For ☐ Not Applicable ☐

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

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 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: Eugene V. Coons **Eugene V. Coons** 4/24/06 (352) 473-4188