2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 18, 2007 8:00 am Secretary of State DOCUMENT:# N13957 1. Entity Name 05-18-2007 90025 020 ****61.25 E.V. COONS EVANGELISTIC MINISTRIES, INC. Principal Place of Business Mailing Address 413 SE 72ND STREET STARKE FL 32091 413 SE 72ND STREET STARKE FL 32091 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2796260 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COONS, E.V. 413 SE 72ND STREET Street Address (P.O. Box Number is Not Acceptable) STARKE FL 32091 Zip Code FL 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 of finited name of registered agent and little it applicable. (NOTE: Rog stored Agent signature required when reinstailing) DATE FILE NOW FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Defete THE Change ☐ Addition NAME COONS, E.V. NAMI STREET LADORESS 413 SE 72ND STREET STHEET ADDRESS CHY-SI-ZIP STARKE FL 32091 CITY ST-ZIP 11111 V D VD Delete IIII. ☐ Change ■ Addition Murphy Joseph NAME BRUNT, FRANK NAME 7224 SW CR'18 STREET ADDRESS 6789 DOE TRAIL CT STREET ADDRESS CHY-ST-ZIE CHY-St-ZP Hampton, Fl. 32044 KEYSTONE HEIGHIS FI Delete TIME STD ☐ Change Addition NAME NAM COONS, KAREN STREET ADDRESS 413 SE 72ND STREET STREET ADORESS CHY-ST-ZIE CHY ST-ZIP STARKE FL 32091 IIIII ☐ Delete ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 11111 Delete HHE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZiP CHY ST-ZIP HITLE Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 supplomental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

CITY-ST-ZIP

CITY-ST-7IP

Eugene V. Cows

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