2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13957

FILED Mar 11, 2009 Secretary of State

Entity Name: E.V. COONS EVANGELISTIC MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

413 SE 72ND STREET 155 SE 15TH AV

STARKE, FL 32091 US CROSS CITY, FL 32628 US

Current Mailing Address: New Mailing Address:

413 SE 72ND STREET 155 SE 15TH AV

STARKE, FL 32091 US CROSS CITY, FL 32628 US

FEI Number: 59-2796260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COONS, E.V. COONS, E.V. 413 SE 72ND STREET 155 SE 15TH AV

STARKE, FL 32091 US CROSS CITY, FL 32628 US

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: EUGENE V. COONS 03/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PD () Delete Title: PD (X) Change () Addition

 Name:
 COONS, E.V.,

 Address:
 413 SE 72ND STREET

 Name:
 COONS, E.V.,

 Address:
 155 SE 15TH AV

City-St-Zip: STARKE, FL 32091 US City-St-Zip: CROSS CITY, FL 32628 US

Title: VD () Delete Title: () Change () Addition

 Name:
 MURPHY, JOSEPH
 Name:

 Address:
 7224 SW CR18
 Address:

 City-St-Zip:
 HAMPTON, FL 32044
 City-St-Zip:

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 COONS, KAREN,
 Name:
 COONS, KAREN,

 Address:
 413 SE 72ND STREET
 Address:
 155 SE 15TH AV

 City-St-Zip:
 STARKE, FL 32091
 City-St-Zip:
 CROSS CITY, FL 32628

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE V. COONS PD 03/11/2009