

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90250 015 ****61.25

0064078

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**

2. Principal Place of Business

Same

3. Mailing Address

8775 SE 23rd Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Starke, FL

Zip

Country

Zip

Country

32091

U.S.

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

**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. 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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **STD** ☐ Delete
NAME **COONS, KAREN**
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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

E.V. COONS

4-2-03

**352 473 2273 hm
352 473-4188 WR**

CR2E037 (10/02)