


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90032 050 ****61.25

| | | | |
|---|---|--|---|
| DOCUMENT # N00000001498 | |  | |
| 1. Entity Name ALBERTHA WILLIAMS MINISTRIES, INC. | | | |
| Principal Place of Business 7002 CAUSEWAY BLVD. TAMPA FL 33619 | | Mailing Address 7816 WICHITA WAY TAMPA FL 33619 | |
| 2. Principal Place of Business 5006 - 6 | | 3. Mailing Address 7816 WICHITA WAY | |
| Suite, Apt. #, etc. Broadway Ave | | Suite, Apt. #, etc. Tampa FL | |
| City & State Tampa FL | | City & State Tampa FL | |
| Zip 33619 | Country USA | Zip 33619 | Country USA |
| 6. Name and Address of Current Registered Agent WILLIAMS, ALBERTHA 7816 WICHITA WAY TAMPA FL 33619 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD WILLIAMS, ALBERTHA 7816 WICHITA WAY TAMPA FL 33619 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Melvin Watson 4702 E Serena Drive Tampa, FL 33617 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DURANT, FANNIE 3211 NORTH CORD STREET TAMPA FL 33605 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WILLIAMS, SIDNEY 7816 WICHITA WAY TAMPA FL 33619 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETERSON, MARY 3001 N STAR ST TAMPA FL 33605 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLDER, GLADYS 2912 WINDERMERE OAK LANE #101 RIVERVIEW FL 33569 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Alberta Williams Alberta Williams 2/13/05 1 813 627-0150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #