


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

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000001498	
<b>1. Entity Name</b> ALBERTHA WILLIAMS MINISTRIES, INC.	

<b>Principal Place of Business</b> 5006-6 TAMPA FL 33619	<b>Mailing Address</b> 7816 WICHITA WAY TAMPA FL 33619
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

<b>4. FEI Number</b> 59-3629026	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  WILLIAMS, ALBERTHA 7816 WICHITA WAY TAMPA FL 33619
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<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) **DATE** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

**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		
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	WILLIAMS, ALBERTHA	
<b>STREET ADDRESS</b>	7816 WICHITA WAY	
<b>CITY-ST-ZIP</b>	TAMPA FL 33619	
<b>TITLE</b>	<b>SD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	DURANT, FANNIE	
<b>STREET ADDRESS</b>	3211 NORTH CORD STREET	
<b>CITY-ST-ZIP</b>	TAMPA FL 33605	
<b>TITLE</b>	<b>TD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	WILLIAMS, SIDNEY	
<b>STREET ADDRESS</b>	7816 WICHITA WAY	
<b>CITY-ST-ZIP</b>	TAMPA FL 33619	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	PETERSON, MARY	
<b>STREET ADDRESS</b>	3001 N STAR ST	
<b>CITY-ST-ZIP</b>	TAMPA FL 33605	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	WATSON, MELVIN	
<b>STREET ADDRESS</b>	4702 E. SERENA DRIVE	
<b>CITY-ST-ZIP</b>	TAMPA FL 33617	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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03/07/06 30009-021 70.00

**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** *Alberta Williams* *Alberta Williams* *2/20/06 (8/13)/17-118*