2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001539

Address:

City-St-Zip:

Entity Name: WILLIAMS EVANGELISTIC MINISTRIES, INC.

FILED Apr 25, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: PO BOX 5426 720 NW 15TH AVENUE FORT LAUDERDALE, FL 33310 FORT LAUDERDALE, FL 33311 **Current Mailing Address: New Mailing Address:** PO BOX 5426 FORT LAUDERDALE, FL 33310 FEI Number: 06-1684792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, ELBERT SR, DR. WILLIAMS, ELBERT SR, DR. 720 NW 15TH AVE 720 NW 15TH AVE FORT LAUDERDALE, FL 33310 FORT LAUDERDALE, FL 33311 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: 04/25/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WILLIAMS, ELBERT SR, DR. Name: Name: Address: PO BOX 5426 Address: City-St-Zip: FORT LAUDERDALE, FL 33310 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WILLIAMS, WILLIE RUTH Name: Address: PO BOX 5426 Address: FORT LAUDERDALE, FL 33310 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition DAVENPORT, HUNTER Name: Name: 2115 PEACHWOOD DRIVE Address: Address: City-St-Zip: MISSOURI CITY, TX 77489 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: CUNNINGHAM, MATHEL 1811 NW 27TH AVENUE Address: Address: City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33311 Title: () Delete Title: () Change (X) Addition WILLIAMS, WILMA J Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

720 NW 15TH AVENUE

FORT LAUDERDALE, FL 33311

SIGNATURE: ELBERT WILLIAMS, SR. D 04/25/2004