

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001539

FILED  
Feb 08, 2006  
Secretary of State

**Entity Name:** WILLIAMS EVANGELISTIC MINISTRIES, INC.

**Current Principal Place of Business:**

720 NW 15TH AVENUE  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5426  
FORT LAUDERDALE, FL 33310

**New Mailing Address:**

**FEI Number:** 06-1684792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, ELBERT SR, DR.  
720 NW 15TH AVE  
FORT LAUDERDALE, FL 33311 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILLIAMS, ELBERT SR, DR.  
Address: PO BOX 5426  
City-St-Zip: FORT LAUDERDALE, FL 33310

Title: D ( ) Delete  
Name: WILLIAMS, WILLIE RUTH  
Address: PO BOX 5426  
City-St-Zip: FORT LAUDERDALE, FL 33310

Title: D ( ) Delete  
Name: DAVENPORT, HUNTER  
Address: 2115 PEACHWOOD DRIVE  
City-St-Zip: MISSOURI CITY, TX 77489

Title: T ( ) Delete  
Name: CUNNINGHAM, MATHIEL  
Address: 1811 NW 27TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S ( ) Delete  
Name: WILLIAMS, WILMA J  
Address: 720 NW 15TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELBERT WILLIAMS, SR.

D

02/08/2006

Electronic Signature of Signing Officer or Director

Date