2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2008
Secretary of State

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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, MATHEL
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 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: DR. ELBERT WILLIAMS, SR. D 02/02/2008

Electronic Signature of Signing Officer or Director — Date