


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N13546 1. Entity Name MELVIN WILLIAMS EVANGELISTIC ASSOCIATION, INC.	
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Principal Place of Business 4609 SLEEPY HOLLOW LANE PLANT CITY, FL 33565	Mailing Address 4609 SLEEPY HOLLOW LANE PLANT CITY, FL 33565
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01072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2806482	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, MELVIN
4609 SLEEPY HOLLOW LANE
PLANT CITY, FL**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, MELVIN 4609 SLEEPY HOLLOW LANE PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNN, GARY 5615 SPRING LAKE DRIVE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CROSBY, TROY 1407 N. MARYLAND AVE. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WETZEL, NORMA 6618 FOXMOOR DRIVE ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, EARLENE 4609 SLEEPY HOLLOW LANE PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

110000451784
NEW 10/06-80066 024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, 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: Earlene Williams 2-26-06 813-752-3536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #