

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N13546**

1. Entity Name

**MELVIN WILLIAMS EVANGELISTIC ASSOCIATION, INC.**



Principal Place of Business

**4609 SLEEPY HOLLOW LANE  
PLANT CITY, FL 33565**

Mailing Address

**4609 SLEEPY HOLLOW LANE  
PLANT CITY, FL 33565**

**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2806482**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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 re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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

U00000671362  
03/28/07-80026-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 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:** Earlene Williams Earlene Williams 3-14-07 813-752-3536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #