

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 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**



01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2806482	Applied For <input type="checkbox"/>
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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
5815 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

U00000830873
02/26/08-80101-011 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 ST 2-16-08** **813-752-7536**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #