

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13546

FILED
Jan 09, 2009
Secretary of State

Entity Name: MELVIN WILLIAMS EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:

4609 SLEEPY HOLLOW LANE
PLANT CITY, FL 33565

New Principal Place of Business:

Current Mailing Address:

4609 SLEEPY HOLLOW LANE
PLANT CITY, FL 33565

New Mailing Address:

FEI Number: 59-2806482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WILLIAMS, MELVIN
4609 SLEEPY HOLLOW LANE
PLANT CITY, FL 33565 US

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:

01/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMS, MELVIN,
Address: 4609 SLEEPY HOLLOW LANE
City-St-Zip: PLANT CITY, FL

Title: D () Delete
Name: GUNN, GARY,
Address: 5615 SPRING LAKE DRIVE
City-St-Zip: LAKELAND, FL

Title: DT () Delete
Name: CROSBY, TROY,
Address: 1407 N. MARYLAND AVE.
City-St-Zip: PLANT CITY, FL

Title: D () Delete
Name: WETZEL, NORMA
Address: 6618 FOXMOOR DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: ST () Delete
Name: WILLIAMS, EARLENE
Address: 4609 SLEEPY HOLLOW LANE
City-St-Zip: PLANT CITY, FL

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: EARLENE WILLIAMS

ST

01/09/2009

Electronic Signature of Signing Officer or Director

Date