2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# N13546

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:

4609 SLEEPY HOLLOW LANE
PLANT CITY, FL 33565 US

Current Mailing Address:

4609 SLEEPY HOLLOW LANE
PLANT CITY, FL 33565

New Mailing Address:

4609 SLEEPY HOLLOW LANE
PLANT CITY, FL 33565 US

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 33565 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: DP
Name: WILLIAMS, MELVIN
Address: 4609 SLEEPY HOLLOW LANE
City-St-Zip: PLANT CITY, FL 33565 US

Title: D
Name: GUNN, GARY
Address: 5615 SPRING LAKE DRIVE
City-St-Zip: LAKELAND, FL 33811 US

Title: DT
Name: CROSBY, TROY
Address: 1407 N. MARYLAND AVE.
City-St-Zip: PLANT CITY, FL 33563 US

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

Title: ST
Name: WILLIAMS, EARLENE
Address: 4609 SLEEPY HOLLOW LANE
City-St-Zip: PLANT CITY, FL 33565 US

I hereby 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 all other like empowered.

SIGNATURE: EARLENE WILLIAMS ST 01/07/2011

Electronic Signature of Signing Officer or Director — Date