

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90703 018 \*\*\*\*61.25

DOCUMENT #N99000006118

1. Entity Name

WILLIE ALSCHEN INTERNATIONAL EVANGELISTIC  
MINISTRY, INC.

**DO NOT WRITE IN THIS SPACE**

763533

2. Principal Place of Business

2452 Bel-Air Circle

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 430471

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

59-3603534

Applied For

Not Applicable

Zip

34743

Country

Zip

34743-0471

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Willie Alschén

Street Address (P.O. Box Number is Not Acceptable)

2452 Bel-Air Circle

City

Kissimmee

FL

Zip Code

34743

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Willie Alschén  
2452 Bel-Air Circle  
Kissimmee, FL 34743

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Mark Alschén  
2452 Bel-Air Circle  
Kissimmee, FL 34743

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Charissa Wright  
7303 Wood Hill Park, Apt. 533  
Orlando, FL 32808

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Willie Alschén / Willie Alschén

4-3-02

(407) 344-0541

CR2E037B (12/01)