


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006118			
1. Entity Name WILLIE ALSCHEN INTERNATIONAL EVANGELISTIC MINISTRY, INC.			
Principal Place of Business 2452 BEL-AIR CIRCLE KISSIMMEE FL 34743		Mailing Address P.O. BOX 430471 KISSIMMEE FL 34743-0471	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALSCHEN, WILLIE 2452 BEL-AIR CIRCLE KISSIMMEE FL 34743		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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-stating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSCHEN, WILLIE	NAME	
STREET ADDRESS	2452 BEL-AIR CIRCLE	STREET ADDRESS	U000000088672
CITY - ST - ZIP	KISSIMMEE FL 34743	CITY - ST - ZIP	03/15/04-80060-014 61.25
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSCHEN, MARK	NAME	
STREET ADDRESS	2452 BEL-AIR CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL 34743	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, CHARRISSA	NAME	
STREET ADDRESS	7303 WOODHILL PARK, APT. 533	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32808	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Willie Alschen* - Willie Alschen 3-4-04 (407) 414-6780