

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 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**



04172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEL Number  
**59-3603534**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ALSCHEN, WILLIE  
2452 BEL-AIR CIRCLE  
KISSIMMEE, FL 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. 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, 2006**

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  
**PD  
ALSCHEN, WILLIE  
2452 BEL-AIR CIRCLE  
KISSIMMEE, FL 34743**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ALSCHEN, MARK  
2452 BEL-AIR CIRCLE  
KISSIMMEE, FL 34743**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WRIGHT, CHARRISSA  
7303 WOODHILL PARK, APT. 533  
ORLANDO, FL 32808**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000524718  
05/04/06-80001-016 61.25

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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:**

*Willie Alschen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-06**  
Date

Daytime Phone #