

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
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**



04022007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3603534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing ☐ **\$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	

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05/03/07-800009-014 61.25

**DO NOT WRITE
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 Alschon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-07
Date Daytime Phone #