

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006118

FILED
Apr 21, 2009
Secretary of State

Entity Name: WILLIE ALSCHEN INTERNATIONAL EVANGELISTIC MINISTRY, INC.

Current Principal Place of Business:

2452 BEL-AIR CIRCLE
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 430471
KISSIMMEE, FL 347430471

New Mailing Address:

FEI Number: 59-3603534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALSCHEN, WILLIE
2452 BEL-AIR CIRCLE
KISSIMMEE, FL 34743 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: PD () Delete
Name: ALSCHEN, WILLIE
Address: 2452 BEL-AIR CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: ALSCHEN, MARK
Address: 2452 BEL-AIR CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: WRIGHT, CHARRISSA C MS.
Address: 3040 WALTON STREET, APT #3
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: SINGH, JOSEPH MR.
Address: 3519 FOREST RIDGE LANE
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: SINGH, BETTY MRS.
Address: 3519 FOREST RIDGE LANE
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: RODRIGUEZ, JUANA R MRS.
Address: 2 COLUMBIA AVE
City-St-Zip: ST. CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIE ALSCHEN

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date