

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90317 048 \*\*\*\*61.25

DOCUMENT # **N00000004381**

1. Entity Name

**CLORETHA JAMES MINISTRIES, INC.**

Principal Place of Business

1146 EAST PLANT STREET  
 WINTER GARDEN FL 34787

Mailing Address

1146 EAST PLANT STREET  
 WINTER GARDEN FL 34787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3671375**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**JAMES, CLORETHA**  
**-1146 EAST PLANT STREET**  
**WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

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	PD	<input type="checkbox"/> Delete
NAME	<b>JAMES, CLORETHA</b>	
STREET ADDRESS	<b>8127 VILLAGE GREEN RD.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>JAMES, NORMAN J</b>	
STREET ADDRESS	<b>1146 EAST PLANT STREET</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>JAMES, NORMAN J JR.</b>	
STREET ADDRESS	<b>931 S. KIRKMAN ROAD, #188</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cleon A. James</b>	
STREET ADDRESS	<b>1139 Vizcaya Lake Rd #206</b>	
CITY-ST-ZIP	<b>Orlando FLA. 34761</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Williamae Bell</b>	
STREET ADDRESS	<b>2815 Springhill Ct.</b>	
CITY-ST-ZIP	<b>Orlando FLA. 32808</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Clorella James*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/01 (407) 877-9555**  
 Date Daytime Phone #

CR2E037 (10/00)

*Attachment*  
*# N00000004381*

THESE ARE THE CHANGES ON THE OFFICERS AND DIRECTORS.

~~DELETE~~

(TD)

JAMES NORMAN J. JR

931 S. KIRKMAN RD #188

ORLANDO FLA 32811

~~ADD~~

(TD) TREASURER

CLEON A. JAMES

1139 VIZCAYA RD

APT 206

OCOOE FLA 34761

ADD

(TD)

Willie Mae Bell

2815 Spring Hill Ct

ORLANDO FLA 32808