

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-21-2002 90880 046 ***61.25

DOCUMENT # N00000004381

1. Entity Name

Cloretha James Ministries Inc

DO NOT WRITE IN THIS SPACE

92100

2. Principal Place of Business

820 S. Park Ave

Suite, Apt. #, etc.

3. Mailing Address

820 S. Park Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Winter Garden FLA.

City & State
Winter Garden FLA.

4. FEI Number
59-3671375

Applied For
Not Applicable

Zip
34787

Country
USA

Zip
34787

Country
USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Cloretha James

Street Address (P.O. Box Number is Not Acceptable)

17301 Autumn Pine Ct.

City
Clermont FL

Zip Code
34711

**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.

SIGNATURE Cloretha James Cloretha James President 6/6/02

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

(NOTE: Registered Agents signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Cloretha James
17301 Autumn Pines Ct
Clermont FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Norman J. James Sr.
17301 Autumn Pine Ct.
Clermont FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Willie-mae Mitchell
2910 Springhill Rd Orlando FL 32808

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Asst Treasurer
Cleon James
17301 Autumn Pines Ct.
Clermont FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cloretha James / Cloretha James

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

DATE

(407) 877-9555

DAYTIME PHONE #

CR2E037B (12/01)