


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000004381 1. Entity Name CLORETHA JAMES MINISTRIES, INC.	
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Principal Place of Business 820 S PARK AVE WINTER GARDEN FL 34787	Mailing Address 820 S PARK AVE WINTER GARDEN FL 34787
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-3671375	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 JAMES, CLORETHA 17301 AUTUMN PINE CT CLERMONT FL 34711	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-registering) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete JAMES, CLORETHA STREET ADDRESS: 17301 AUTUMN PINE CT. CITY- ST- ZIP: CLERMONT FL 34711
TITLE	VP <input type="checkbox"/> Delete JAMES, NORMAN J STREET ADDRESS: 17301 AUTUMN PINE CT CITY- ST- ZIP: CLERMONT FL 34711
TITLE	TD <input type="checkbox"/> Delete MIKE, JANICE STREET ADDRESS: 157 STATE ROAD 545 CITY- ST- ZIP: WINTER GARDEN FL 34787
TITLE	T <input type="checkbox"/> Delete MITCHELL, WILLIE MAE STREET ADDRESS: 810 S. PARK AVE CITY- ST- ZIP: WINTER GARDEN FL 34787
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000646341 03/06/07-80026-014 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Cloretta James Cloretta James 2/21/07 (407)877-9555