

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004381

FILED
Apr 02, 2009
Secretary of State

Entity Name: CLORETHA JAMES MINISTRIES, INC.

Current Principal Place of Business:

820 S PARK AVE
WINTER GARDEN, FL 34787

New Principal Place of Business:

820 S. PARK AVE
WINTER GARDEN, FL 34787

Current Mailing Address:

820 S PARK AVE
WINTER GARDEN, FL 34787

New Mailing Address:

820 S. PARK AVE
WINTER GARDEN, FL 34787

FEI Number: 59-3671375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, CLORETHA
17301 AUTUMN PINE CT
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

JAMES, CLORETHA DR
252 NAUTICA MILE DRIVE
CLERMONT, FL 34711 US

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: DR. CLORETHA M. JAMES TH.D

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JAMES, CLORETHA
Address: 17301 AUTUMN PINE CT.
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: JAMES, NORMAN J
Address: 17301 AUTUMN PINE CT
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: MIKE, JANICE
Address: 157 STATE ROAD 545
City-St-Zip: WINTER GARDEN, FL 34787

Title: T (X) Delete
Name: MITCHELL, WILLIE MAE
Address: 810 S. PARK AVE
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JAMES, CLORETHA DR
Address: 252 NAUTICA MILE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change () Addition
Name: JAMES, NORMAN J
Address: 252 NAUTICA MILE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: TD (X) Change () Addition
Name: MITCHELL, WILLIE MAE
Address: 810 S. PARK AVE
City-St-Zip: WINTER GARDEN, FL 34787

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: DR. CLORETHA M. JAMES TH.D

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date