## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen with an address, with all other like empowered.

SIGNATURE

## **FILED** Mar 05, 2001 8:00 am Secretary of State DOCUMENT # N0000006132 1. Entity Name WOMAN TO WOMAN INTERNATIONAL MINISTRY, INC. 03-05-2001 90368 020 \*\*\*\*61.25 Mailing Address Principal Place of Business 1146 E. PLANT ST. 1146 E. PLANT ST. WINTER GARDE FL 34787 WINTER GARDE FL 34787 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JAMES, CLORETHA M 1146 E. PLANT ST. WINTER GARDE FL 34787 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be **FILE NOW:** Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME JAMES, CLORETHA M NAME STREET ADDRESS STREET ADDRESS 1139 VIZCAYA LAKE RD. CITY-ST-ZIP CITY-ST-ZIP OCOEE FL 34761 ☐ Change ☐ Addition TITLE ☐ Delete D۷ TITLE MAME CARROLL, BETTY J NAME STREET ADDRESS 2701 SHERINGHAM RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL-32808 - ---Change ☐ Addition ☐ Delete TITLE TITLE 2815 Springhill Ct. BELL, WILLIEMAE NAME NAME STREET ADDRESS STREET ADDRESS 2910 SPRING HILL RD. ORLANDO CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 Change ☐ Addition Delete TITLE TITI F WILLIAMS, ROSETTA NAME STREET ADDRESS 5401 SW 21 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 ☐ Change Addition ☐ Delete TITLE FLEMING, BERNESE NAME NAME STREET ADDRESS STREET ADDRESS 487 SW 24 ST. CITY-ST-ZIP CITY-ST-ZIP **GROVELAND FL 34736** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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