

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-21-2002 90880 039 ****61.25

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

DOCUMENT # **N00000006132**

1. Entity Name
Woman To Woman International Ministry INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
820 S. Park Ave.
 Suite, Apt. #, etc.

3. Mailing Address
820 S. Park Ave.
 Suite, Apt. #, etc.

City & State
Winter Garden FLA.
 Zip
34787
 Country
USA

City & State
Winter Garden FLA.
 Zip
34787
 Country
USA

4. FEI Number
59-3709627
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

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

17301 Autumn Pine Ct.
 City
Clement 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

Clorella James / Clorella James President

6/6/02
 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	D President Clorella James (D) 17301 Autumn Pines Ct. Clement Fl.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Vice President Willie Mae Mitchell (T) 2910 Spring Hill Rd. Orlando FLA. 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Secretary Rosetta Williams (T) 5001 S.W. 21st St. Hollywood FLA. 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Treasury Bernice Fleming 497 S.W. 24th St. Groveland FL. 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Assist Sec. Janice Mike (T) 236 Jean St. Winter Garden FL. 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employees.

SIGNATURE:

Clorella James / Clorella James 4/26/02 (407) 877-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)