


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000006132</b> 1. Entity Name <b>WOMAN TO WOMAN INTERNATIONAL MINISTRY, INC.</b>	
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Principal Place of Business <b>820 S. PARK AVE WINTER GARDE FL 34787</b>	Mailing Address <b>820 S. PARK AVE WINTER GARDE FL 34787</b>
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2. Principal Place of Business Suite, Apt #, etc. City & State Zip	3. Mailing Address Suite, Apt #, etc. City & State Zip
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1st MOORE      CR2E037 (10/04)

4. FEI Number <b>59-3709627</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>JAMES, CLORETHA M 17301 AUTUMN PINE CT. CLERMONT FL 34711</b>	7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City
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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 \_\_\_\_\_ DATE \_\_\_\_\_

(Signature: Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	DP JAMES, CLORETHA M <input type="checkbox"/> Delete 17301 AUTUMN PINES CLEMONT FL 34787
TITLE	TAS <input type="checkbox"/> Delete MIKE, JANICE 1003 INLAND SEAS WINTER GARDEN FL 34787
TITLE	T <input type="checkbox"/> Delete MITCHELL, WILLIE MAE 2815 SPRING HILL CT ORLANDO FL 32808
TITLE	T <input type="checkbox"/> Delete WILLIAMS, ROSETTA 5401 SW 21 ST. HOLLYWOOD FL 33023
TITLE	T <input type="checkbox"/> Delete FLEMING, BERNESE 487 SW 24 ST. GROVELAND FL 34736
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 07/22/05-80002-022-61.25
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
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clorella M. James Clorella M. James 7/15/05 (407) 877-2535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #