


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90056 001 \*\*\*\*61.25  
 02-18-2008 90056 002 \*\*\*\*\*8.75

**DOCUMENT # N00000006132**  
 1. Entity Name  
**WOMAN TO WOMAN INTERNATIONAL MINISTRY, INC.**



Principal Place of Business Mailing Address  
**820 S. PARK AVE** **820 S. PARK AVE**  
**WINTER GARDE FL 34787** **WINTER GARDE FL 34787**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3709627** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/07)

**6. Name and Address of Current Registered Agent**  
**JAMES, CLORETHA M**  
**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

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 re-registering))

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to: Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	JAMES, CLORETHA M	
STREET ADDRESS	17301 AUTUMN PINES	
CITY-ST-ZIP	CLEMONT FL 34787	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	HOLLEY, JANICE	
STREET ADDRESS	3221 SPLIT WILLOW DR	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	T	<input type="checkbox"/> Delete
NAME	MITCHELL, WILLIE MAE	
STREET ADDRESS	810 SOUTH PARK AVE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROSETTA	
STREET ADDRESS	5401 SW 21 ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHEMONE, PRESLEY	
STREET ADDRESS	1425 DANIELS COVE DR.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Cloratha James* *Cloratha James* *2/6/08* *(407)877-9555*