

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006132

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: WOMAN TO WOMAN INTERNATIONAL MINISTRY, INC.

**Current Principal Place of Business:**

820 S. PARK AVE  
WINTER GARDE, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

820 S. PARK AVE  
WINTER GARDE, FL 34787

**New Mailing Address:**

820 S. PARK AVE  
WINTER GARDEN, FL 34787

FEI Number: 59-3709627

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

JAMES, CLORETHA M 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: DP ( ) Delete  
Name: JAMES, CLORETHA M  
Address: 17301 AUTUMN PINES  
City-St-Zip: CLEMONT, FL 34787

Title: TAS ( ) Delete  
Name: HOLLEY, JANICE  
Address: 3221 SPLIT WILLOW DR  
City-St-Zip: ORLANDO, FL 32811

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

Title: T ( ) Delete  
Name: WILLIAMS, ROSETTA  
Address: 5401 SW 21 ST.  
City-St-Zip: HOLLYWOOD, FL 33023

Title: T ( ) Delete  
Name: SHEMONE, PRESLEY  
Address: 1425 DANIELS COVE DR.  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: AUSTIN, SARISSA  
Address: 1990 ERVING CIR #12-106  
City-St-Zip: OCOEE, FL 34761

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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