

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90171 007 \*\*\*\*61.25

DOCUMENT # **N00000006132**



1. Entity Name  
**WOMAN TO WOMAN INTERNATIONAL MINISTRY, INC.**

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

Mailing Address  
**820 S. PARK AVE  
WINTER GARDE FL 34787**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3709627**  
Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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**

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

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	MIKE, JANICE	
STREET ADDRESS	236 JEAN ST.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	T	<input type="checkbox"/> Delete
NAME	BELL, WILLIEMAE	
STREET ADDRESS	2910 SPRING HILL RD.	
CITY-ST-ZIP	ORLANDO FL 32808	
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	FLEMING, BERNESE	
STREET ADDRESS	487 SW 24 ST.	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Mike JANICE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE, JANICE	
STREET ADDRESS	1003 FINLAN SEAS	
CITY-ST-ZIP	Winter Garden FL 34787	
TITLE	Mitchell Willie MAE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitchell Willie MAE	
STREET ADDRESS	2815 Spring Hill Ct	
CITY-ST-ZIP	ORLANDO FL 32808	
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 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: *[Signature]* **REQUIRED**

3/5/03 (407) 877-9555

CR2E037 (10/02)