


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

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90002 048 \*\*\*\*61.25

<b>DOCUMENT #</b> N00000004381					
1. Entity Name <b>CLORETHA JAMES MINISTRIES, INC.</b>					
Principal Place of Business <b>820 S PARK AVE WINTER GARDEN FL 34787</b>			Mailing Address <b>820 S PARK AVE WINTER GARDEN FL 34787</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3671375</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JAMES, CLORETHA 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	
				<b>FL</b> 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 _____					
<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 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAMES, CLORETHA	NAME			
STREET ADDRESS	8127 VILLAGE GREEN RD.	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32818	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAMES, NORMAN J	NAME			
STREET ADDRESS	17301 AUTUMN PINE CT	STREET ADDRESS			
CITY-ST-ZIP	CLERMONT FL 34711	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JAMES, CLEON A	NAME	TD SANICE MIKE		
STREET ADDRESS	17301 AUTUMN PINES CT	STREET ADDRESS	157 STATE ROAD 545		
CITY-ST-ZIP	CLERMONT FL 34711	CITY-ST-ZIP	WINTER GARDEN FLA 34787		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MITCHELL, WILLIE MAE	NAME	MITCHELL, WILLIE MAE		
STREET ADDRESS	2910 SPRINGHILL RD	STREET ADDRESS	810 S. PARK AVE		
CITY-ST-ZIP	ORLANDO FL 32808	CITY-ST-ZIP	WINTER GARDEN FLA 34787		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Clorella James</i>		3/22/05 (407) 877-9553			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			