

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

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

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 - 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

(Signature, typed or printed name of registered agent and title, if applicable.)

(NOTE: Registered Agent signature is required when re-registering)

DATE

**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
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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**