

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