

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90017 026 \*\*\*\*61.25

**DOCUMENT # N05000004956**

1. Entity Name

THE NEW CHIEF CORNERSTONE MINISTRIES, INC.



Principal Place of Business

Mailing Address

820 S. PARK AVE.  
WINTER GARDEN FL 34787

820 S. PARK AVE.  
WINTER GARDEN 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

16-1726431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, CLORETHA DR  
820 S. PARK AVE.  
WINTER GARDEN FL 34787

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 required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
JAMES, CLORETHA  
820 S. PARK AVE.  
WINTER GARDEN FL 34787

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
V  
JAMES, NORMAN SR.  
820 S. PARK AVE.  
WINTER GARDEN FL 34787

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
S  
MITCHELL, WILLIE MAE  
820 S. PARK AVE.  
WINTER GARDEN FL 34787

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
T  
MIKE, JANICE  
820 S. PARK AVE.  
WINTER GARDEN FL 34787

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
PRESLEY, SHEMONE TRUSTEE  
820 S. PARK AVE.  
WINTER GARDEN FL 34787

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
AUSTIN, TRAVIS TRUSTEE  
820 S. PARK AVE.  
WINTER GARDEN FL 34787

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
ALDOSE DUBOIS JR.  
316 SOUTHERN PECAN CIRCLE UNIT 105  
WINTER GARDEN FLA 34787

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: *Cloetha James* Cloetha James

2/21/07 (407) 877-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #