

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90315 042 \*\*\*\*61.25

**A0038309**

DOCUMENT # **N4853a**  
 1. Entity Name  
**The Chief Cornerstone**  
**Love Outreach Center INC.**

Principal Place of Business Mailing Address  
**1146 E. Plant st.** **1146 E. Plant st.**  
**Winter Garden Fla.** **Winter Garden**  
**34787** **Fla. 34787**

2. Principal Place of Business 3. Mailing Address  
**Same as Above** **Same as Above**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-3119514** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Chaney, Wilbur V**  
**506 North East 5th Ave**  
**Delray Bch Fl. 33483**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

**FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees** **Make Check Payable to: Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	<b>PD James, Cloretha</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>17301 Autumn Pine Ct. Clermont</b>
CITY-ST-ZIP	<b>Fla. 34711</b>
TITLE NAME	<b>VD James Norman Sr.</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>17301 Autumn Pines Ct.</b>
CITY-ST-ZIP	<b>Clermont Fla. 34711</b>
TITLE NAME	<b>SO Bell Williemae</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>2815 Springhill Ct.</b>
CITY-ST-ZIP	<b>Orlando Fla. 32808</b>
TITLE NAME	<b>TD Mike Janice</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>1055 Lincoln Terr.</b>
CITY-ST-ZIP	<b>Winter Garden Fla. 34787</b>
TITLE NAME	<b>SO Carroll Julius</b> <input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>2701 Sheringham Rd.</b>
CITY-ST-ZIP	<b>Orlando Fla 32808</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>TD Mike Janice</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1055 Lincoln Terr.</b>
CITY-ST-ZIP	<b>Winter Garden Fla. 34787</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Cloretha James Cloretha James** **3/21/01 (407) 877-9535**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)