

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48532

1. Entity Name

THE CHIEF CORNERSTONE LOVE OUTREACH CENTER, INC.

Principal Place of Business

1146 E PLANT ST  
WINTER GARDEN FL 34787

Mailing Address

1146 E PLANT ST  
WINTER GARDEN FL 34787

2. Principal Place of Business

820 S. Park Ave.

Suite, Apt. #, etc.  
Winter Garden

City & State  
FLA.

3. Mailing Address

820 S. Park Ave.

Suite, Apt. #, etc.  
Winter Garden

City & State  
FLA.

Zip  
34787

Country  
ORANGE

Zip  
34787

Country  
ORANGE

6. Name and Address of Current Registered Agent

CHANEY, WILBUR V.  
506 NORTH EAST 5TH AVENUE  
DELRAY BEACH 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

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

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	PD	<input type="checkbox"/> Delete
NAME	JAMES, CLORETHA	
STREET ADDRESS	8127 VILLAGE GREEN RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JAMES, NORMAN J. SR.	
STREET ADDRESS	8127 VILLAGE GREEN RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BELL, WILLIE M	
STREET ADDRESS	4503 LAKE MARTIN LN APT E	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JANICE, MIKE	
STREET ADDRESS	1055 LINCOLN TERR	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES CLORETHA	
STREET ADDRESS	17301 AUTUMN PINE CT	
CITY-ST-ZIP	CLERMONT FLA 34711	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES NORMAN J. SR	
STREET ADDRESS	17301 AUTUMN PINE CT	
CITY-ST-ZIP	CLERMONT FLA 34711	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL WILLIE MAE	
STREET ADDRESS	2815 SPRING HILL CT	
CITY-ST-ZIP	ORLANDO FLA 32808	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANICE MIKE	
STREET ADDRESS	236 JEAN ST	
CITY-ST-ZIP	WINTER GARDEN 34787	
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		

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 3/19/02 (407)877-955

FILED  
Mar 31, 2002 8:00 am  
Secretary of State

03-31-2002 90363 004 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3119514  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

CR2E037 (9/01)