

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

0000085

**DOCUMENT # N48532**

1. Entity Name

**THE CHIEF CORNERSTONE LOVE OUTREACH CENTER, INC.**

Principal Place of Business

Mailing Address

1146 E PLANT ST  
 WINTER GARDEN FL 34787

1146 E PLANT ST  
 WINTER GARDEN FL 34787

2. Principal Place of Business

3. Mailing Address

820 S. Park Ave.

820 S. Park Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Winter Garden

Winter Garden

City & State

City & State

FLA

FLA

Zip  
 34787

Country

ORANGE

Zip

34787

Country

ORANGE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANEY, WILBUR V.  
 506 NORTH EAST 5TH AVENUE  
 DELRAY BEACH FL 33483

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD James Cloretha 17301 Autumn Pine Ct Clermont FLA 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD James Norman J. Sr 17301 Autumn Pine Ct Clermont FLA 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mitchell Willie Mae 2815 Spring Hill Ct Orlando FLA 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Janice Mike 236 Jean St Winter Garden 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Clorella James Cloretha James 3/19/02 (407)877-9555

CP2E037 (9/01)