


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90171 038 \*\*\*\*61.25

**DOCUMENT # N48532**  
1. Entity Name  
**THE CHIEF CORNERSTONE LOVE OUTREACH CENTER, INC.**



Principal Place of Business      Mailing Address  
**820S. PARK AVE.  
WINTER GARDEN FL 34787**      **820S. PARK AVE.  
WINTER GARDEN FL 34787**

2. Principal Place of Business      3. Mailing Address

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**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

*JANICE MIKE*       Change     Addition  
*1003 FINLAND SEAS*  
*WINTER GARDEN FLA 34787*

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*      **3/10/03 (402) 877-9555**

CR2E037 (10/02)