

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jul 17, 2008  
Secretary of State

DOCUMENT# N01000003703

Entity Name: MOTHERS OF INCARCERATED SONS, INC.

**Current Principal Place of Business:**

5037 NORTH LANE  
SUITE 9  
ORLANDO, FL 32808

**New Principal Place of Business:**

109 CUMBERLAND CIRCLE E  
LONGWOOD, FL 32779

**Current Mailing Address:**

P.O. BOX 160576  
ALTAMONTE SPRINGS, FL 32716 US

**New Mailing Address:**

FEI Number: 59-3731742      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GRACE, SHERRY  
109 CUMBERLAND CIRCLE E.  
LONGWOOD,, FL 32779 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: FED ( ) Delete  
Name: GRACE, SHERRY  
Address: 109 CUMBERLAND CIRCLE E  
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: EXED ( ) Delete  
Name: GRACE, SHERRY  
Address: 109 CUMBERLAND CIRCLE E  
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: BC ( ) Delete  
Name: WEATHERS, DENISE  
Address: 401 PARK AVENUE SOUTH  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PCEO ( ) Delete  
Name: GRACE, SHERRY  
Address: 109 CUMBERLAND CIR. E  
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VC ( ) Delete  
Name: BARR, JACQUELINE  
Address: 525 SOUTH MAGNOLIA AVENUE  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TREA ( ) Delete  
Name: WELCH-LEWIS, SUZETTE  
Address: 450 SOUTH ORANGE AVENUE SUITE 900  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY GRACE

EXED

07/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date