

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N01000003703

Entity Name: MOTHERS OF INCARCERATED SONS, INC.

Current Principal Place of Business:

109 CUMBERLAND CIRCLE E
LONGWOOD, FL 32779

New Principal Place of Business:

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 ()
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:

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

Name and Address of New Registered Agent:

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:

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: BC (X) Change () Addition
Name: PATTERSON, HATTIE
Address: 5290 LIGHTHOUSE RD
City-St-Zip: ORLANDO, FL 32805 US

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

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

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

Electronic Signature of Signing Officer or Director

EXE.

05/01/2009

_____ Date