

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -3 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N29435** (7)  
1. Corporation Name  
**SISTERS OF RACHEL MINISTRIES, INC.**

Principal Place of Business Mailing Address  
C/O PATRICIA LAYTON C/O PATRICIA LAYTON  
10033 NORTH DALE MABRY 10033 NORTH DALE MABRY  
TAMPA FL 33618 TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
30 Country

3. Date incorporated or Qualified 3a. Date of Last Report  
11/28/1988 02/23/1994  
4. FEI Number Applied For  
25-4921272 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
LAYTON, PATRICIA  
10033 NORTH DALE MABRY  
TAMPA FL 33618

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MATT, ALLEN
STREET ADDRESS	8256 GREENLEAF CIR.
CITY-ST-ZIP	TAMPA FL 33615
TITLE	VD
NAME	BULLIAN, JERRY <i>Delete</i>
STREET ADDRESS	4740 ONYX PL
CITY-ST-ZIP	TAMPA FL 33615
TITLE	TD
NAME	CALI, DEBBIE <i>Delete</i>
STREET ADDRESS	9609 N. ROME AVE.
CITY-ST-ZIP	TAMPA FL 33612
TITLE	TD
NAME	PEEBLES, LARRY <i>Delete</i>
STREET ADDRESS	13812 WATERFALL WAY
CITY-ST-ZIP	TAMPA FL 33624
TITLE	D
NAME	LAYTON, PATRICIA
STREET ADDRESS	16602 PLUM ROSE CT.
CITY-ST-ZIP	TAMPA FL 33618
TITLE	S
NAME	JONES, DARCY
STREET ADDRESS	P.O. BOX 1958 N/A
CITY-ST-ZIP	ST. PETERSBURG FL 33731

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VICE Chairman
23 STREET ADDRESS	MOGER PECKERZSOO
24 CITY-ST-ZIP	18110 SWAN LAKE DR Lutz, FL 33549
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Treasurer
33 STREET ADDRESS	Terri Beebe
34 CITY-ST-ZIP	12726 Hampton Park Blvd Tampa FL 33624
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Secretary
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (change) or on an attachment with an address.

SIGNATURE: *Patricia Layton* 2/24/95 (813) 969-4673  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone No.