

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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
~~10099 NORTH DALE MABRY~~ ~~10099 NORTH DALE MABRY~~
TAMPA FL 33618 TAMPA FL 33618

3. Date Incorporated or Qualified **11/28/1988** 3a. Date of Last Report **03/03/1995**

2. Principal Place of Business 2a. Mailing Address
21 **4311 W Waters** 26 **Same**

4. FEI Number **25-4921272** Applied For Not Applicable

Suite-Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 302** 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 **Tampa FL** 28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **33614** 25 **Hillsborough** 29 **FL** 30

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
~~10099 NORTH DALE MABRY~~
~~TAMPA FL 33618~~

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Patricia Layton* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|--------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | MATT, ALLEN | |
| STREET ADDRESS | 8256 GREENLEAF CIR. | |
| CITY-ST-ZIP | TAMPA FL 33615 | |
| TITLE | VC | <input type="checkbox"/> DELETE |
| NAME | PERKERSON, ROGER | |
| STREET ADDRESS | 18110 SWAN LAKE DR | |
| CITY-ST-ZIP | LUTZ FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | BEEBE, TERRI | |
| STREET ADDRESS | 12726 HAMPTON PARK BLVD | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LAYTON, PATRICIA | |
| STREET ADDRESS | 10002 PLUM ROSE CT. | |
| CITY-ST-ZIP | TAMPA FL 33618 | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | JONES, DARCY | |
| STREET ADDRESS | P.O. BOX 1956 N/A | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33731 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--------------------------|--|
| 1.1 TITLE | Chairman, D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | PERKERSON, ROGER | |
| 1.3 STREET ADDRESS | 18110 SWAN LAKE DR | |
| 1.4 CITY-ST-ZIP | Lutz FL 33549 | |
| 2.1 TITLE | Vice-Chair, D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | JAMES DULLE | |
| 2.3 STREET ADDRESS | 15017 LAUREL COVE CT | |
| 2.4 CITY-ST-ZIP | Odessa FL 33556 | |
| 3.1 TITLE | Treasurer, D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Sherry Dulle | |
| 3.3 STREET ADDRESS | 15017 LAUREL COVE CT | |
| 3.4 CITY-ST-ZIP | Odessa, FL 33556 | |
| 4.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | NO CHANGE IN NAME | |
| 4.3 STREET ADDRESS | 14520 THORNFIELD CT | |
| 4.4 CITY-ST-ZIP | Tampa, FL 33624 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | 700001744027 | |
| 5.4 CITY-ST-ZIP | -03/15/96--01017--026 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | ***70.00 | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Layton* DATE: **3/11/96** (613) 884-3767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)