

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000006461

**FILED**  
**Apr 06, 2021**  
**Secretary of State**  
**7973282267CC**

**Entity Name:** SISTER'S OPTIMISTICALLY LIVING OUTLOUD, INC.

**Current Principal Place of Business:**

3411 EAST DELEUIL AVENUE  
TAMPA, FL 33610

**Current Mailing Address:**

3411 EAST DELEUIL AVENUE  
TAMPA, FL 33610

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

KAMARAKAFEGO, RRONNIBA  
1692 N.W.192 TERRACE  
MIAMI,, FL 33169 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

**Officer/Director Detail :**

Title P  
Name WATSON, SELECIA  
Address 3411 EAST DELEUIL AVENUE  
City-State-Zip: TAMPA FL 33610

Title VP  
Name WILBURN, SYLVESTRY  
Address 8624 INCA DRIVE  
City-State-Zip: TAMPA FL 33637

Title D  
Name COPELAND, SHANICA  
Address 11500 NORTH DALE MABRY HWY  
2003  
City-State-Zip: TAMPA FL 33618

Title S  
Name PORTER, TYSHA  
Address 7905 TERRACE RIDGE DRIVE  
City-State-Zip: TEMPLE TERRACE FL 33637

Title D  
Name SCOTT, DENISE  
Address 7601 SAVANNAH LANE  
City-State-Zip: TAMPA FL 33637

Title C  
Name CALLAWAY, AUDRA  
Address 3411 EAST DELEUIL AVENUE  
City-State-Zip: TAMPA FL 33610

*I hereby 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 all other like empowered.*

**SIGNATURE:** SELECIA WATSON

P

04/06/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date