

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000006621

**Entity Name:** A SISTER'S LOVE INTERNATIONAL INC

**Current Principal Place of Business:**

6581 NW 60TH STREET  
OCALA, FL 34482

**Current Mailing Address:**

6581 NW 60TH STREET  
OCALA, FL 34482 UN

**FEI Number: 83-0958890**

**Certificate of Status Desired: Yes**

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

PASCUMA, SUSAN E  
6581 NW 60TH STREET  
OCALA, FL 34482 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            | PASCUMA, SUSAN E        |
| Address         | 6581 NW 60TH STREET     |
| City-State-Zip: | OCALA FL 34482          |
|                 |                         |
| Title           | SEC                     |
| Name            | NOLAN, CAROL            |
| Address         | 21965 E COUNTY RD 1200N |
| City-State-Zip: | ASHMORE IL 61912        |

|                 |                             |
|-----------------|-----------------------------|
| Title           | VP                          |
| Name            | ARMELLINO, JENNIFER         |
| Address         | 114 JERICO TURNPIKE SUITE 1 |
| City-State-Zip: | FLORAL PARK NY 11001        |
|                 |                             |
| Title           | TRE                         |
| Name            | DOBBINS, TRACY              |
| Address         | 5237 NW 56TH TERR           |
| City-State-Zip: | OCALA FL 34482              |

*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: SUSAN E PASCUMA**

**PRES**

**02/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date