

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/8/2006-90170-040-\$61.25-\$61.25

DOCUMENT # F05000001418		
1. Entity Name UNITED ORDER TRUE SISTERS, INC.		

Principal Place of Business 660 LINTON BLVD #200 STE 6 DELRAY BEACH, FL 33444	Mailing Address 660 LINTON BLVD #200 STE 6 DELRAY BEACH, FL 33444
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 MAR 27 AM 9:04
TALLAHASSEE, FLORIDA



02222006 Chg-NP CR2E037 (11/05)

4. FEI Number 13-1426430	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KANCILIA, JOHN R 1800 W. HIBISCUS BLVD STE 138 MELBOURNE, FL 32901		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with and accept the obligations of registered agent:

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CP SHAPIRO, SYLVIA 1264 SEMINOLE DRIVE INDIAN HARBOUR BEACH, FL 32937 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VCVP POLONSKY, MARION 265 NORTHAMPTON N. WEST PALM BEACH, FL 33417 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P/O ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VCVP SELTZER, BARBARA 1731 N.W. 87TH LANE PLANTATION, FL 33222 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V/P ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D COHEN, MARIAN S 41 DAVIS AVENUE ALBANY, NY 12203 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V/P PEYSER, BETTY R ~350 NW 13TH STREET DELRAY BEACH, FL 33445 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S CARR, SANDY 25 NICHOLAS DRIVE ALBANY, NY 12205 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BLOCH, LENORE ELLESMER E-205 DEERFIELD BEACH, FL 33442 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty R. Peyser BETTY R. PEYSER 3/4/06 J61 276-7017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #