2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001418

FILED Apr 08, 2009 Secretary of State

Entity Name: UNITED ORDER TRUE SISTERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 660 LINTON BLVD #200 STE 6 DELRAY BEACH, FL 33444 **Current Mailing Address: New Mailing Address:** 660 LINTON BLVD #200 STE 6 DELRAY BEACH, FL 33444 FEI Number: 13-1426430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KANCILIA, JOHN R KANCILIA, JOHN R 1800 W. HIBISCUS BLVD STE 138 1795 WEŚT NASA BLVD. MELBOURNE, FL 32901 MELBOURNE, FL 32902-187 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: JOHN KANCILIA 04/08/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition POLONSKY, MARION Name: Name: 265 NORTHAMPTON N. Address: Address: City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: SELTZER, BARBARA Name: Address: 1731 N.W. 87TH LANE Address: City-St-Zip: PLANTATION, FL 33222 City-St-Zip: Title: VD () Delete Title: () Change () Addition PEYSER, BETTY R Name: Name: 2350 NW 13TH STREET Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: Title: Title: () Change () Addition () Delete CARR, SANDY Name: Name: 25 NICHOLAS DRIVE Address: Address: City-St-Zip: ALBANY, NY 12205 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BETTY PEYSER V.P. 04/08/2009