


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90250 027 \*\*\*\*61.25

<b>DOCUMENT # N01000001270</b>						
1. Entity Name SISTERS OF THE SEA, INC.						
Principal Place of Business 634 LOWER 8TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250			Mailing Address 634 LOWER 8TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-3705417		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
ZENENS, VALERIE 634 LOWER 8TH AVE., SOUTH JACKSONVILLE BEACH, FL 32250			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
				<b>Make check payable to Florida Department of State</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZEVENS, VALERIE L		NAME			
STREET ADDRESS	634 LOWER 8TH AVENUE SOUTH		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WITKAMP, SABRAH		NAME			
STREET ADDRESS	393 ALTARA STREET		STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCARTHY, ERIN		NAME	<del>XXXXXXXXXX</del> MILLER, ERIN		
STREET ADDRESS	3097 LA RESERVE DR		STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEYDA, SAMANTHA		NAME			
STREET ADDRESS	3543 BAY ISLAND CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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: <i>Valerie L. Zevens</i>		VALERIE L. ZEVENS		1-5-07 904-247-3495		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>		