

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002374

FILED
Apr 23, 2004
Secretary of State

Entity Name: SISTER WITNESS INTERNATIONAL, INC.

Current Principal Place of Business:

275 N SHADE AVE, #102
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

275 N SHADE AVE, #102
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 65-1089868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESCOTT, LAURA
275 N SHADE AVE, #102
SARASOTA, FL 34237

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BASSUK, ELLEN
Address: 181 WELLS AVE
City-St-Zip: NEWTON CENTER, MA 02159

Title: D () Delete
Name: BLANCH, ANDY
Address: 205 GARDEN LN
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: PENNEY, DARBY
Address: 85 DARWIN ROAD
City-St-Zip: CAMBRIDGE, NY 12816

Title: D () Delete
Name: PRESCOTT, LAURA
Address: 275 N SHADE AVE, STE 102
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BLANCH, ANDY
Address: 520 RALPH ST.
City-St-Zip: SARASOTA, FL 34242

Title: D (X) Change () Addition
Name: PENNEY, DARBY
Address: 85 DARWIN ROAD
City-St-Zip: CAMBRIDGE, NY 12816

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAURA PRESCOTT

D

04/23/2004

Electronic Signature of Signing Officer or Director

Date