

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007429

1. Entity Name

SISTERS IN CHRIST NETWORK, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-08-2002 90043 014 ****61.25

Principal Place of Business 1004 E ANNIE ST B TAMPA FL 33612		Mailing Address PO BOX 91 TAMPA FL 33601-9998	
2. Principal Place of Business 1004 E. Annie St Suite, Apt. #, etc. #B City & State Tampa, FL Zip 33612 Country America		3. Mailing Address P.O. Box 91 Suite, Apt. #, etc. Apartment City & State Tampa, FL Zip 33612 Country USA	
4. FEI Number 59-3740047		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANDBERRY, EDITH W 1004 E ANNIE ST APT B TAMPA FL 33612		7. Name and Address of New Registered Agent Name: Edith W. Standberry Street Address (P.O. Box Number is Not Acceptable) 1004 E. Annie St. #B1 City: Tampa FL Zip Code: 33612	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE

Edith W. Standberry

3-19-02

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STANDBERRY, EDITH W 1004 E ANNIE ST APT B TAMPA FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roger Symzer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 250 Dista Lane Largo, FL 33770 DS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, PATRICIA 3310 KING CHARLES CIR SEFFNER FL 33584 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alesia Bishop <input type="checkbox"/> Change <input type="checkbox"/> Addition 937 Castle Court Tampa, FL 33612 DVine
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRYANT, DOROTHY 305 DRUID HILLS RD TAMPA FL 33617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KENNEDY, ROSA 1911 W STATE ST TAMPA FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Edith W. Standberry

3-19-02

915.2728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #