

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/3

**FILED**  
**Jun 28, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90671 009 \*\*\*\*61.25

<b>DOCUMENT # N02000001726</b>																																																																																																																																																					
<b>1. Entity Name</b> SISTER LOVIN' SISTER, INC.																																																																																																																																																					
<b>Principal Place of Business</b> 4666 FREDERICKSBURG AVENUE JACKSONVILLE, FL 32208-1709			<b>Mailing Address</b> 4666 FREDERICKSBURG AVENUE JACKSONVILLE, FL 32208-1709																																																																																																																																																		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
City & State		City & State																																																																																																																																																			
Zip		Country		Zip																																																																																																																																																	
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<b>6. Name and Address of Current Registered Agent</b>  BOULWARE, JULIE N 4666 FREDERICKSBURG AVENUE JACKSONVILLE, FL 32208-1709			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																																		
FL			Zip Code																																																																																																																																																		
<b>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.</b>																																																																																																																																																					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>																																																																																																																																																					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																																																																																																	
Make check payable to <b>Florida Department of State</b>																																																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;">4666 FREDERICKSBURG AVENUE</td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;">JACKSONVILLE, FL 322081709</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VD</td> <td style="padding: 2px;"><input 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<b>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.</b>																																																																																																																																																					
<b>SIGNATURE:</b> <i>Julie N. Boulware</i>			4/30/04 (904) 390-2151																																																																																																																																																		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>																																																																																																																																																		

66429136



01202004 Chg-NP CR2E037 (10/03)

4. FEI Number  
APPLIED FOR 51-0511007

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