2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005
Secretary of State

DOCUMENT# N02000001726

Entity Name: SISTER LOVIN' SISTER, INC.

Current Principal Place of Business:

4666 FREDERICKSBURG AVENUE
JACKSONVILLE, FL 322081709

New Principal Place of Business:

Current Mailing Address:

4666 FREDERICKSBURG AVENUE
JACKSONVILLE, FL 322081709

New Mailing Address:

FEI Number: 51-0511007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOULWARE, JULIE N
4666 FREDERICKSBURG AVENUE
JACKSONVILLE, FL 322081709 US

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:	PD	( ) Delete
Name:	BOULWARE, JULIE N	
Address:	4666 FREDERICKSBURG AVENUE	
City-St-Zip:	JACKSONVILLE, FL 322081709	
Title:	VD	( ) Delete
Name:	WILLIAMS, HELEN R	
Address:	5836 ELLAKEL ROAD	
City-St-Zip:	JACKSONVILLE, FL 322083701	
Title:	D	( ) Delete
Name:	WHITE, LINDA	
Address:	1933 PULLMAN COURT	
City-St-Zip:	JACKSONVILLE, FL 322094733	
Title:	D	( ) Delete
Name:	WORTHY, AUNDRA	
Address:	POST OFFICE BOX 28903	
City-St-Zip:	JACKSONVILLE, FL 322268903	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JULIE N BOULWARE PD 03/04/2005

Electronic Signature of Signing Officer or Director — Date