

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005708

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** SISTERS MADE OF CLAY INC.

**Current Principal Place of Business:**

8710 N. 40TH ST.  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 290878  
TAMPA, FL 33687

**New Mailing Address:**

**FEI Number:** 41-2053037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TILLMAN, LEOLA  
10411 TIMMONS RD.  
THONOTOSASSA, FL 33592 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:** V.P.  
**Name:** GIBSON, WANDA  
**Address:** 4409 BASS ST.  
**City-St-Zip:** TAMPA, FL 33617

**Title:** S  
**Name:** GREEN, JUANA N  
**Address:** 1134 S. 69TH STREET  
**City-St-Zip:** TAMPA, FL 33619

**Title:** T  
**Name:** SAMS, ERTHA  
**Address:** 1736 COMPTON STREET  
**City-St-Zip:** TAMPA, FL 33511

**Title:** PRES  
**Name:** TILLMAN, LEOLA  
**Address:** 10411 TIMMONS RD.  
**City-St-Zip:** THONOTOSASSA, FL

I hereby 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 all other like empowered.

**SIGNATURE:** LEOLA TILLMAN

PRES

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date