2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005
Secretary of State

DOCUMENT# N02000006198

Entity Name: SISTERS IN THE SPIRIT, INC.

Current Principal Place of Business:

1585 W 34TH STREET
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

1585 W 34TH STREET
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 04-3709053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PALMER, LINDA CPA
310 35 STREET
WEST PALM BEACH, FL 33407 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: D ( ) Delete
Name: ROLLE, STEPHANIE
Address: 1585 W 34TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D ( ) Delete
Name: LAZIER, E. BERNADINE
Address: 1660 WEST 31 STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D ( ) Delete
Name: HAWKINS, LINDA
Address: 16820 SW 109 AVE
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: BOUIE, SABRINA B
Address: 19610 WEST OAKMONT DRIVE
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: CAMERON, CONSTANCE
Address: 221 NW 201 AVE
City-St-Zip: PEMBROKE PINES, FL 33209

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:

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: SABRINA BOUIE D 08/12/2005
Electronic Signature of Signing Officer or Director — Date