

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006758

FILED
May 05, 2006
Secretary of State

Entity Name: SISTERS EMPOWERING WOMEN, INC.

Current Principal Place of Business:

9226 HIDDEN WATER CIRCLE
RIVERVIEW, FL 33569

New Principal Place of Business:

POST OFFICE BOX 910
RIVERVIEW, FL 33568

New Mailing Address:

FEI Number: 41-2058196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

BOYD, LATONIA D
9226 HIDDEN WATER CIRCLE
RIVERVIEW, FL 33569 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: DAVIS, DELORIS L

Address: 8102 JAD DRIVE

City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: D () Delete

Name: DAVIS, AMBER L

Address: 2423 LAKE WOODBERRY CIRCLE

City-St-Zip: BRANDON, FL 33510

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: STD () Delete

Name: BROXTON, BRIGETTE

Address: 2032 FLUORSHIRE DRIVE

City-St-Zip: BRANDON, FL 33511

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: D () Delete

Name: BOYD, BRIAN C

Address: 9226 HIDDEN WATER CIRCLE

City-St-Zip: RIVERVIEW, FL 33569

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: D () Delete

Name: SMITH, LEAH

Address: 2330 TOWERING OAKS CIRCLE

City-St-Zip: SEFFNER, FL 33584

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: D () Delete

Name: THOMPSON, RONALD

Address: 6616 NORTHHAVEN COURT

City-St-Zip: RIVERVIEW, FL 33569

Title: () Change () Addition

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DELORIS DAVIS

PRES

05/05/2006

Electronic Signature of Signing Officer or Director

Date