

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006758

FILED
Jan 23, 2007
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:

Current Mailing Address:

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)

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

Title: D () Delete
Name: DAVIS, AMBER L
Address: 2423 LAKE WOODBERRY CIRCLE
City-St-Zip: BRANDON, FL 33510

Title: STD () Delete
Name: BROXTON, BRIGETTE
Address: 2032 FLUORSHIRE DRIVE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: BOYD, BRIAN C
Address: 9226 HIDDEN WATER CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: SMITH, LEAH
Address: 2330 TOWERING OAKS CIRCLE
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: THOMPSON, RONALD
Address: 6616 NORTHHAVEN COURT
City-St-Zip: RIVERVIEW, FL 33569

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:

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Address:
City-St-Zip:

Title: () Change () Addition
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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 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 L. DAVIS

COB

01/23/2007

Electronic Signature of Signing Officer or Director

Date