2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009264

FILED May 02, 2005 Secretary of State

Entity Name: SISTERS IN THE SPIRIT MINISTRY, INC.

| Current Principal Place of Business: | | New Princ | New Principal Place of Business: | |
|--|---|--|--|--|
| 610 NOR ⁻ TAMPA, F | TH STREET EL 33604 | | | |
| Current N | failing Address: | New Maili | ing Address: | |
| P O BOX : TAMPA, F | | | | |
| n accordar | r: 05-0544041 FEI Number Applied For() FEI nce with s. 607.193(2)(b), F.S., the corporation did not rece d Address of Current Registered Agent: | | | |
| ROULHA(1510 E. LI TAMPA, F | C, DEBRA D MS. NEBAUGH AVENUE EL 33612 US | | | |
| | e named entity submits this statement for the purpor e of Florida. | se of changing | its registered office or registered agent, or both | |
| SIGNATU | | | Dete | |
| Electronic Signature of Registered Agent | | | Date | |
| OFFICER | S AND DIRECTORS: | ADDITION | IS/CHANGES TO OFFICERS AND DIRECTO | |
| Fitle: Name: Address: City-St-Zip: | PF () Delete ROULHAC, DEBRA D MIN 1510 E. LINEBAUGH AVENUE TAMPA, FL 33612 US | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| | | | | |
| √ame: √ddress: | D () Delete BAILES, CRYSTAL 30442 BIRD HOUSE WESLEY CHAPEL, FL 33544 | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Name: Address: City-St-Zip: Fitle: Name: Address: | BAILES, CRYSTAL 30442 BIRD HOUSE | Name: Address: | () Change () Addition () Change () Addition | |
| Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Address: Dity-St-Zip: | BAILES, CRYSTAL 30442 BIRD HOUSE WESLEY CHAPEL, FL 33544 D () Delete BLAIR, TRINA MIN 7130 WRENWOOD CIRCLE | Name: Address: City-St-Zip: Title: Name: Address: | | |
| Name: Address: Dity-St-Zip: Fittle: Name: Address: Dity-St-Zip: Fittle: Name: Address: | BAILES, CRYSTAL 30442 BIRD HOUSE WESLEY CHAPEL, FL 33544 D () Delete BLAIR, TRINA MIN 7130 WRENWOOD CIRCLE TAMPA, FL 33610 D () Delete COSTON, MICHELLE MIN 1907 LANDSIDE DRIVE | Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: | ()Change ()Addition | |

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: DEBRA D. ROULHAC PF 05/02/2005