

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009264

FILED  
May 29, 2008  
Secretary of State

**Entity Name:** SISTERS IN THE SPIRIT MINISTRY, INC.

**Current Principal Place of Business:**

1304 EAST BUSCH BLVD  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 310525  
TAMPA, FL 33680 US

**New Mailing Address:**

**FEI Number:** 05-0544041 **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:**

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

ROULHAC, DEBRA D MS.  
1510 E. LINEBAUGH AVENUE  
TAMPA, FL 33612 US

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: PF ( ) Delete  
Name: ROULHAC, DEBRA D MIN  
Address: 1510 E. LINEBAUGH AVENUE  
City-St-Zip: TAMPA, FL 33612 US

Title: D ( ) Delete  
Name: BAILES, CRYSTAL MIN  
Address: 12301 N. 58TH STREET UNIT 57  
City-St-Zip: TAMPA, FL 33617 US

Title: D ( ) Delete  
Name: BLAIR, TRINA MIN  
Address: 1510 E. LINEBAUGH AVENUE  
City-St-Zip: TAMPA, FL 33612 US

Title: D ( ) Delete  
Name: JONES, MERRITH  
Address: 2713 HAMILTON AVENUE  
City-St-Zip: TAMPA, FL 33614 US

Title: D ( ) Delete  
Name: PEOPLES, REGINA  
Address: 13923 BRIDGE PORT  
City-St-Zip: TAMPA, FL 33625 US

Title: D ( ) Delete  
Name: PIERCE, KAREN R MIN  
Address: 61 PINTO LANE  
City-St-Zip: PALM COAST, FL US

**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:

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: CRYSTAL BAILES

D

05/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date