


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000001660</b>	
1. Entity Name <b>SIMPLY SISTERS-WOMEN IN MISSION AND MINISTRY, INC.</b>	

Principal Place of Business <b>3101 NW 46TH ST MIAMI, FL 33142</b>	Mailing Address <b>3101 NW 46TH ST MIAMI, FL 33142</b>
---	---

DO NOT WRITE IN THIS SPACE



04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-0025140</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DAVIS, NETTIE B 8043 NW 14TH AVE MIAMI, FL 33147</b>
--

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DAVIS, NETTIE B 3101 NW 46TH ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURK, CHARLIE 3101 NW 46TH ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVIN, SHAQUIVIA 3101 NW 46TH ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CURTIS, MARTHA 1890 OPA LOCKA BLVD OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000725328  
05/03/07-80019-004 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u><i>Martina Curtis</i></u>	4-18-07	305-688-0099
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>