

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 SEP 17 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/04/07--01013--002 **70.00



DOCUMENT # N03000008346
 1. Entity Name
SISTERHOOD OUTREACH MINISTRY, INC.

Principal Place of Business 2306 NW 24TH RD OCALA, FL 34475	Mailing Address 2306 NW 24TH RD OCALA, FL 34475
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
	<i>Marion</i>

09042007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-0347843	Applied For Not Applicable
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6. Name and Address of Current Registered Agent

FAISON, ALICE MAE
 2306 NW 24TH RD
 OCALA, FL 34475

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FAISON, ALICE MAE	2366 NW 24TH RD	OCALA, FL 34475	<input type="checkbox"/>
VP	SERMON, CHERYL	2106 SW 7TH ST	OCALA, FL 34474	<input type="checkbox"/>
D	FRANCES-LONG, MARY	5082 SE 26TH STREET	OCALA, FL 34471	<input type="checkbox"/>
D	ALBERTLONG, EDWIN	5082 SE 26TH STREET	OCALA, FL 34471	<input type="checkbox"/>
D	MCIVER, JEAN	8801 HUNTER LAKE DR.	TAMPA, FL 336472858	<input type="checkbox"/>
ST	FAISON, TIWANA I	2306 NW 24TH ROAD	OCALA, FL 34475	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Alice Mae Faison (Alice Mae Faison)* 9-13-07-352-840-0134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2009/19