

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.	
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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>	<i>Marion</i>

09042007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-0347843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #

RC 9/19