

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N03000008346

Entity Name: SISTERHOOD OUTREACH MINISTRY, INC.

Current Principal Place of Business:

2306 NW 24TH RD
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

2306 NW 24TH RD
OCALA, FL 34475 US

New Mailing Address:

FEI Number: 20-0347843 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:

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

Name and Address of New Registered Agent:

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: P () Delete
Name: FAISON, ALICE MAE
Address: 2366 NW 24TH RD
City-St-Zip: Ocala, FL 34475

Title: VP () Delete
Name: SERMON, CHERYL
Address: 2106 SW 7TH ST
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: FRANCES-LONG, MARY
Address: 5082 SE 26TH STREET
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: ALBERTLONG, EDWIN
Address: 5082 SE 26TH STREET
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: MCIVER, JEAN
Address: 8801 HUNTER LAKE DR.
City-St-Zip: TAMPA, FL 336472858

Title: ST () Delete
Name: FAISON, TIWANA I
Address: 2306 NW 24TH ROAD
City-St-Zip: Ocala, FL 34475

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:

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: TIWANA IRENE FAISON

ST

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date