

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90043 011 ****70.00

DOCUMENT # N03000010909

1. Entity Name
SISTERS-BY-GRACE, INC.



Principal Place of Business
**P O BOX 364
MT DORA, FL 32757**

Mailing Address
**P O BOX 364
MT DORA, FL 32757**



2. Principal Place of Business
P.O. Box 1152

3. Mailing Address
P.O. Box 1152

02062004 Chg-NP CR2E037 (10/03)

City & State
mt. Dora FL
Zip
32756 Country
U.S.

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Zip
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4. FEI Number
93-1335564 ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**MAJOR-MCKEE, EVONNE E
2521 SPRING HARBOR CIR
6
MT DORA, FL 32757**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
N/A
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 May 1, 2004**

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	P MONROE, BERTHA 1805 JEFFERSON DR MT DORA, FL 32757 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRYANT, CURTISTINE P O BOX 669 MT DORA, FL 32757 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAJOR-MCKEE, EVONNE E 2521 SPRING HARBOR CIR, # 6 MT DORA, FL 32757 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYD, SHIRLEY 305 W LEMON ST LADY LAKE, FL 32159 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST HARRIS, JOY 929 N GROVE ST EUSTIS, FL 32726 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A WOODARD, ALPHONSA 1220 PINE AVE MT DORA, FL 32757 <input type="checkbox"/> Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Evonne E. Major-Mckee*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/05/04 *352 735 3000*
Date Daytime Phone # *EX-305*