

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010909

FILED
Jul 22, 2005
Secretary of State

Entity Name: SISTERS-BY-GRACE, INC.

Current Principal Place of Business:

P.O. BOX 1152
MOUNT DORA, FL 32756

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1152
MOUNT DORA, FL 32756

New Mailing Address:

FEI Number: 93-1335564 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:

MAJOR-MCKEE, EVONNE E
2521 SPRING HARBOR CIR
6
MT DORA, FL 32757 US

Name and Address of New Registered Agent:

MAJOR-MCKEE, EVONNE E
7765 LAKE ANDREA CIRCLE
MT DORA, FL 32757 US

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: EVONNE E MAJOR-MCKEE

07/22/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONROE, BERTHA
Address: 1805 JEFFERSON DR
City-St-Zip: MT DORA, FL 32757

Title: VP () Delete
Name: BRYANT, CURTISTINE
Address: P O BOX 669
City-St-Zip: MT DORA, FL 32757

Title: T () Delete
Name: MAJOR-MCKEE, EVONNE E
Address: 2521 SPRING HARBOR CIR, # 6
City-St-Zip: MT DORA, FL 32757

Title: S () Delete
Name: BOYD, SHIRLEY
Address: 305 W LEMON ST
City-St-Zip: LADY LAKE, FL 32159

Title: AST () Delete
Name: HARRIS, JOY
Address: 929 N GROVE ST
City-St-Zip: EUSTIS, FL 32726

Title: A () Delete
Name: WOODARD, ALPHONSA
Address: 1220 PINE AVE
City-St-Zip: MT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MAJOR-MCKEE, EVONNE E
Address: 7765 LAKE ANDREA CIRCLE
City-St-Zip: MT DORA, FL 32757

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: A (X) Change () Addition
Name: HARRIS, GRACE
Address: 215 W. MILLS AVE
City-St-Zip: EUSTIS, FL 32726

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BERTHA MONROE

P

07/22/2005

Electronic Signature of Signing Officer or Director

Date