

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010909

Entity Name: SISTERS-BY-GRACE, INC.

FILED
Mar 27, 2006
Secretary of State

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 ()

Name and Address of Current Registered Agent:

MAJOR-MCKEE, EVONNE E
7765 LAKE ANDREA CIRCLE
MT DORA, FL 32757 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: 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: 7765 LAKE ANDREA CIRCLE
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: HARRIS, GRACE
Address: 215 W. MILLS AVE
City-St-Zip: EUSTIS, FL 32726

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: S (X) Change () Addition
Name: GRAY, BRENDA
Address: 406 JACKSON STREET
City-St-Zip: MT. DORA, FL 32757

Title: AST (X) Change () Addition
Name: PINKEY, BLAKE
Address: 318 S. GROVE ST
City-St-Zip: EUSTIS, FL 32726

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

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

PRES

03/27/2006

Electronic Signature of Signing Officer or Director

Date