

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010909

Entity Name: SISTERS-BY-GRACE, INC.

FILED  
Feb 01, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 1152  
MOUNT DORA, FL 32756

## New Principal Place of Business:

1805 JEFFERSON DRIVE  
MOUNT DORA, FL 32757

## 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: GRAY, BRENDA  
Address: 406 JACKSON STREET  
City-St-Zip: MT. DORA, FL 32757

Title: AST ( ) Delete  
Name: PINKEY, BLAKE  
Address: 318 S. 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: P (X) Change ( ) Addition  
Name: MONROE, BERTHA S  
Address: 1805 JEFFERSON DR  
City-St-Zip: MT DORA, FL 32757

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 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

P

02/01/2007

Electronic Signature of Signing Officer or Director

Date