

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010909

FILED  
Feb 13, 2012  
Secretary of State

Entity Name: SISTERS-BY-GRACE, INC.

**Current Principal Place of Business:**

4085 LAKE ELEANOR DRIVE  
MT. DORA, FL 32757

**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 (X)

**Name and Address of Current Registered Agent:**

MONROE-CRUZ'SEIN, BERTHA S  
4085 LAKE ELEANOR DRIVE  
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  
Name: MONROE-CRUZ'SEIN, BERTHA S  
Address: 4085 LAKE ELEANOR DRIVE  
City-St-Zip: MT. DORA, FL 32757

Title: VP  
Name: BLAKE, PINKEY  
Address: 318 S. GROVE STREET  
City-St-Zip: EUSTIS, FL 32726

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

Title: S  
Name: GREY, BRENDA  
Address: 2502 SPRING HARBOR CIRCLE #9  
City-St-Zip: MT DORA, FL 32757

Title: AST  
Name: JOHNSON, PAT  
Address: 2005 VIRGINIA AVE.  
City-St-Zip: EUSTIS, FL 32726

Title: CP  
Name: MILLER, PRECIOUS  
Address: 619 KENSINGTON STREET  
City-St-Zip: EUSTIS, FL 32726

I hereby 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 all other like empowered.

SIGNATURE: BERTHA MONROE-CRUZ'SEIN

PRES

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date