

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003762

FILED
Jan 06, 2009
Secretary of State

Entity Name: OUR SISTER'S PLACE, INC.

Current Principal Place of Business:

283 US HIGHWAY ONE
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

283 US HIGHWAY ONE
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 20-0932817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAIGUE, HAZEL
19950 BEACH ROAD
TEQUESTA, FL 33469 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: D (X) Delete
Name: MILLER, MAURA
Address: 6526 WINDING LAKE DRIVE
City-St-Zip: JUPITER, FL 33458

Title: P () Delete
Name: RAIGUE, ALFRED
Address: 19950 BEACH ROAD
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: CONNOR, NANCY
Address: 153 N RIVER DRIVE EAST
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: MCKENNA, BOBBY
Address: 1202 SUMMERWIND LANE
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: BURIN, MARK
Address: 2201 MARLAA ISLE WY # 504
City-St-Zip: JUPITER, FL 33477

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: () 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 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: ALFRED H. RAIGUE JR.

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date