

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N04000004719

1. Entity Name  
SISTERS INVOLVING SISTERS, INC.



Principal Place of Business  
3761 NW 25TH STREET  
LAUDERDALE LAKES, FL 33313

Mailing Address  
3761 NW 25TH STREET  
LAUDERDALE LAKES, FL 33313



04252006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEJ Number  
77-0638964

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MCNAIR, LINDA P  
3761 NW 25TH STREET  
LAUDERDALE LAKES, FL 33313

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME MCNAIR, LINDA P  
STREET ADDRESS 3761 NW 25TH STREET  
CITY - ST - ZIP LAUDERDALE LAKES, FL 33313

TITLE T  
NAME BARKER, KATHY P  
STREET ADDRESS 5715 NW 17TH COURT  
CITY - ST - ZIP LAUDERHILL, FL 33313

TITLE S  
NAME GORDON, FRANCES M  
STREET ADDRESS 4830 NW 11TH STREET  
CITY - ST - ZIP LAUDERHILL, FL 33313

TITLE V  
NAME GRAY, DELORES F  
STREET ADDRESS 3924 NW 35TH AVE  
CITY - ST - ZIP LAUDERLAKES, FL 33304

TITLE P  
NAME WILSON, LINDA S  
STREET ADDRESS 7468 NW 49TH COURT  
CITY - ST - ZIP LAUDERHILL, FL 33319

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000550872  
05/13/06-80075-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Linda P. McNair  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 (354) 735-9045  
Date Daytime Phone #