

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000004719

1. Entity Name
SISTERS INVOLVING SISTERS, INC.



FILED
07 SEP 18 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

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

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



08302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700109591807
09/18/07--01063--003 **\$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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

9/10/07

954-260-5297