## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004719

WILSON, LINDA S

7468 NW 49TH COURT

LAUDERHILL, FL 33319

Name:

Address:

City-St-Zip:

SISTERS INVOLVING SISTERS INC

FILED Apr 29, 2009 Secretary of State

Entity Na	me: SISTERS INVOLVING SISTERS,	INC.
Current P	rincipal Place of Business:	New Principal Place of Business:
	25TH STREET DALE LAKES, FL 33313	
Current N	lailing Address:	New Mailing Address:
	25TH STREET DALE LAKES, FL 33313	
FEI Number	: 77-0638964 FEI Number Applied For	( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of Current Registered Age	ent: Name and Address of New Registered Agent:
The above	25TH STREET DALE LAKES, FL 33313 US e named entity submits this statement for e of Florida.	or the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:Electronic Signature of Register	red Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P ( ) Delete MCNAIR, LINDA P 3761 NW 25TH STREET LAUDERDALE LAKES, FL 33313	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete BARKER, KATHY P 5715 NW 17TH COURT LAUDERHILL, FL 33313	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S ( ) Delete GORDON, FRANCES M 4830 NW 11TH STREET LAUDERHILL, FL 33313	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	V () Delete GRAY, DELORES F 3924 NW 35TH AVE LAUDERLAKES, FL 33304	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title:	P () Delete	Title: ( ) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LINDA P. MCNAIR P 04/29/2009