

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009771

FILED
Apr 30, 2006
Secretary of State

Entity Name: CIRCLE OF SISTERS, INC.

Current Principal Place of Business:

901 PAUL STREET
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

901 PAUL STREET
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 20-1689030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROME, TRENNA
1445 DOLGNER PLACE SUITE 15
SANFORD, FL 32771 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: ED () Delete
Name: TYSON, PATRICIA
Address: 901 PAUL STREET
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: BROWN, BARBARA
Address: 1108 PEIDMONT OAKS DR
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: O'BRIEN, NOREEN
Address: 54 LAKE VILLA WAY
City-St-Zip: KISSIMMEE, FL 32734

Title: CFO () Delete
Name: TYSON, WILLIAM
Address: 901 PAUL STREET
City-St-Zip: ORLANDO, FL 32808

Title: FS () Delete
Name: LUSK, JANET
Address: 901 PAUL STREET
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: STEWART, ROCINDA
Address: 12208 BRONSON WAY
City-St-Zip: ORLANDO, FL 32824

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
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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 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: PATRICIA TYSON

ED

04/30/2006

Electronic Signature of Signing Officer or Director

Date