

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009771

FILED
May 01, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHARYL, BARNES OFARE
1752 W MARSHALL LAKE DR
APOPKA, FL 32703 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: P O BOX 1304
City-St-Zip: APOPKA, FL 32704

Title: D (X) Delete
Name: PELHAM, SYLVIA
Address: 3382 CEDAR SPRINGS PL
City-St-Zip: WINTER PARK, FL 32792

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: BARNES OFARE, SHARYL
Address: 1752 W. MARSHALL LAKE DR
City-St-Zip: APOPKA, FL 32703

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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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: PATRICIA TYSON

ED

05/01/2009

Electronic Signature of Signing Officer or Director

Date