

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011887

FILED
May 01, 2006
Secretary of State

Entity Name: SISTERS OF SISTERS MINISTRIES, INC.

Current Principal Place of Business:

3203 TOWN AVE
NEW PORT RICHEY, FL 346552166

New Principal Place of Business:

Current Mailing Address:

3203 TOWN AVE
NEW PORT RICHEY, FL 346552166

New Mailing Address:

FEI Number: 20-2102677 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:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

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: PD () Delete
Name: LONGBOTTOM, SHARON L
Address: 3203 TOWN AVE
City-St-Zip: NEW PORT RICHEY, FL 346552166

Title: V (X) Delete
Name: SMITH, JOAN
Address: 3203 TOWN AVE
City-St-Zip: NEW PORT RICHEY, FL 346552166

Title: S () Delete
Name: WICKS, MARJJORIE
Address: 3203 TOWN AVE
City-St-Zip: NEW PORT RICHEY, FL 346552166

Title: TD () Delete
Name: LONGBOTTOM, ROBERT F
Address: 3203 TOWN AVE
City-St-Zip: NEW PORT RICHEY, FL 346552166

Title: D () Delete
Name: HARVEY, DEBORAH L
Address: 3203 TOWN AVE
City-St-Zip: NEW PORT RICHEY, FL 346552166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WICKS, MARJJORIE
Address: 11200 BENT PINE DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HARVEY, DEBORAH L
Address: 801 LAUREL OAK DRIVE
City-St-Zip: NAPLES, FL 34108

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: ROBERT F. LONGBOTTOM

T

05/01/2006

Electronic Signature of Signing Officer or Director

Date