2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N05000003513

Entity Name: NATIONAL ASSOCIATION OF THE CIRCLE OF SISTERS, INC.

Current Principal Place of Business:

POST OFFICE BOX 1044
WEST PALM BEACH, FL 33402 US

New Principal Place of Business:

7321 73RD WAY
WEST PALM BEACH, FL 33402 US

Current Mailing Address:

POST OFFICE BOX 1044
WEST PALM BEACH, FL 33402 US

New Mailing Address:

POST OFFICE BOX 1044
WEST PALM BEACH, FL 33407 US

FEI Number: **FEI Number Applied For (X)** **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:

SCOTT, FELICIA A
7321 73RD WAY
WEST PALM BEACH, FL 33407 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: D ( ) Delete
Name: DAWKINS, SANDRA E
Address: 3454 DERRER COURT NORTH
City-St-Zip: COLUMBUS, OH 43204 US

Title: D ( ) Delete
Name: LEE, MICHELE M
Address: 12407 CANFIELD LANE
City-St-Zip: BOWIE, MD 20715 US

Title: D ( ) Delete
Name: JOHNSON, TONYA D
Address: POST OFFICE BOX 1044
City-St-Zip: WEST PALM BEACH, FL 33402 US

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:

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: SANDRA DAWKINS D 05/01/2007
Electronic Signature of Signing Officer or Director — Date