

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004921

FILED
Apr 27, 2009
Secretary of State

Entity Name: SISTERS OF DESTINY, INC.

Current Principal Place of Business:

10301 NW 16TH STREET
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5143
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 20-2819533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, PRISCILLA
10301 NW 16TH STREET
PLANTATION, FL 33322 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: P () Delete
Name: SMITH, PRISCILLA
Address: 10301 NW 16TH STREET
City-St-Zip: PLANTATION, FL 33322

Title: S () Delete
Name: MITCHELL, TRICIA
Address: 4940 NW 11TH COURT
City-St-Zip: LAUDERHILL, FL 33313

Title: T () Delete
Name: EASON, BARBARA
Address: 4850 NW 19TH STREET
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: SMITH, KENNETH
Address: 10301 NW 16TH STREET
City-St-Zip: PLANTATION, FL 33322

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
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: PRISCILLA SMITH

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date