

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004921

FILED  
Mar 16, 2011  
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:**

P.O. BOX 5143  
FT. LAUDERDALE, FL 33310 US

**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  
Name: SMITH, PRISCILLA  
Address: 10301 NW 16TH STREET  
City-St-Zip: PLANTATION, FL 33322

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PRISCILLA SMITH

P

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date