


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90003 010 ****61.25

DOCUMENT # N05000006190 1. Entity Name SISTERS CARING & SHARING, INC.					
Principal Place of Business 7150 TREASURE ISLAND ROAD LEESBURG, FL 34788			Mailing Address 7150 TREASURE ISLAND ROAD LEESBURG, FL 34788		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 57-1214912	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCNEALY, WILHELMENA 7150 TREASURE ISLAND ROAD LEESBURG, FL 34788				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVERETT, DORTHY		NAME		
STREET ADDRESS	211 MIKE STREET		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, GERALDINE		NAME		
STREET ADDRESS	1666 CAMPOS DR.		STREET ADDRESS		
CITY-ST-ZIP	THE VILLAGE, FL 32762		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHISOLM, EUNICE		NAME		
STREET ADDRESS	9289 SE 144TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD, FL 34491		CITY-ST-ZIP		
TITLE	C <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCNEALY, WILHELMENA		NAME		
STREET ADDRESS	7150 TREASURE ISLAND RD		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP		
TITLE	CC <input checked="" type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALTERS, VERDELL		NAME	Catherine Lynum	
STREET ADDRESS	1120 TUSKEGEE STREET		STREET ADDRESS	32583 Willowbrook Lane	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCALL, CLARINE		NAME		
STREET ADDRESS	2044 EDGEWOOD RD		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Wilhelmina McNealy</i>			8-15-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		