

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006190

FILED
Apr 30, 2008
Secretary of State

Entity Name: SISTERS CARING & SHARING, INC.

Current Principal Place of Business:

7150 TREASURE ISLAND ROAD
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

7150 TREASURE ISLAND ROAD
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 57-1214912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNEALY, WILHELMENA
7150 TREASURE ISLAND ROAD
LEESBURG, FL 34788 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: EVERETT, DORTHY
Address: 211 MIKE STREET
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: JOHNSON, GERALDINE
Address: 1666 CAMPOS DR.
City-St-Zip: THE VILLAGE, FL 32762

Title: D () Delete
Name: CHISOLM, EUNICE
Address: 9289 SE 144TH PLACE
City-St-Zip: SUMMERFIELD, FL 34491

Title: C () Delete
Name: MCNEALY, WILHELMENA
Address: 7150 TREASURE ISLAND RD
City-St-Zip: LEESBURG, FL 34788

Title: S () Delete
Name: LYNAM, CATHERINE
Address: 32363 WILLOWBROOK LANE
City-St-Zip: LEESBURG, FL 34748

Title: T () Delete
Name: MCCALL, CLARINE
Address: 2044 EDGEWOOD RD
City-St-Zip: LEESBURG, FL 34748

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
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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: WILHELMENA MCNEALY

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date