

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006190

FILED
Apr 28, 2011
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
Name: EVERETT, DORTHY
Address: 211 MIKE STREET
City-St-Zip: LEESBURG, FL 34748

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

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

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

Title: S
Name: LYNUM, CATHERINE
Address: 32363 WILLOWBROOK LANE
City-St-Zip: LEESBURG, FL 34748

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

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: WILHELMENA MCNEALY

C

04/28/2011

Electronic Signature of Signing Officer or Director

Date