

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007302

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** SISTER SEASON FUND INC.

**Current Principal Place of Business:**

320 TRUMAN AVE UP  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

320 TRUMAN AVE UP  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 20-3179971

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THALLER, JAMES T  
320 TRUMAN AVE UP  
KEY WEST, FL 33040 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:** KING, GINGER  
**Address:** 620 THOMAS ST  
**City-St-Zip:** KEY WEST, FL 33040

**Title:** VP  
**Name:** RAMEY, BARBARA  
**Address:** 615 WILLIAM STREET  
**City-St-Zip:** KEY WEST, FL 33040

**Title:** S  
**Name:** THABAUD, LORI  
**Address:** 320 TRUMAN AVE  
**City-St-Zip:** KEY WEST, FL 33040

**Title:** T  
**Name:** THALLER, JAMES T  
**Address:** 320 TRUMAN AVE REAR UP  
**City-St-Zip:** KEY WEST, FL 33040

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:** JAMES THALLER

TREA

02/16/2011

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

\_\_\_\_\_  
Date