2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# N06000006778

Entity Name: "SISTAH TO SISTAH" CONNECTION, INCORPORATED

Current Principal Place of Business:

11030 N.W. 16TH STREET
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

11030 N.W. 16TH STREET
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 30-0413211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROLLE-HOLLOWAY, GIGI
11030 N.W. 16TH STREET
PEMBROKE PINES, FL 33026 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:	ROLLE-HOLLOWAY, GIGI	
Address:	11030 N.W. 16TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33026	
Title:	O	(X) Delete
Name:	ROSE-MATTHIAS, DEBORAH MRS.	
Address:	12140 N.E. 11TH PLACE	
City-St-Zip:	MIAMI, FL 33161 US	
Title:	O	( ) Delete
Name:	SHEFFIELD, RONDA MRS.	
Address:	7570 INDIGO STREET	
City-St-Zip:	MIRAMAR, FL 33023 US	
Title:	O	(X) Delete
Name:	KING, REWA MRS	
Address:	PO BOX 469	
City-St-Zip:	YOUNGSVILLE, LN 70592 US	
Title:	O	( ) Delete
Name:	CLARKE, CYNTHIA MRS	
Address:	20833 N.W. 24TH COURT	
City-St-Zip:	MIAMI GARDENS, FL 33056 US	
Title:	O	( ) Delete
Name:	HURST, ANGELA	
Address:	3540 N.W. 82ND STREET	
City-St-Zip:	MIAMI, FL 33147	

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
Name:	
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: GIGI ROLLE-HOLLOWAY D 05/07/2009

Electronic Signature of Signing Officer or Director — Date