

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N07000007996

1. Entity Name  
SISTAH FRIENDS, INC.



Principal Place of Business  
4630 S KIRKMAN RD #442  
ORLANDO, FL 32811

Mailing Address  
4630 S KIRKMAN RD #442  
ORLANDO, FL 32811

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RUSSELL, YADONNA  
4630 S KIRKMAN RD  
#442  
ORLANDO, FL 32811

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.  \$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

Change  Addition

TITLE PD  
NAME RUSSELL, YADONNA  
STREET ADDRESS 4630 S KIRKMAN RD #442  
CITY-ST-ZIP ORLANDO, FL 32811

Delete

TITLE VPSD  
NAME HARRIS, TANEKA  
STREET ADDRESS 78 SAN BLAS AVE  
CITY-ST-ZIP KISSIMMEE, FL 34743

Delete

TITLE TD  
NAME GREEN, JENNIFER  
STREET ADDRESS 3705 RUNDO DR  
CITY-ST-ZIP ORLANDO, FL 32818

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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: *Jennifer Green*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-28-08

Daytime Phone #

**FILED  
Jun 16, 2008 8:00 am  
Secretary of State**

05-01-2008 90209 012 \*\*\*\*61.25

66014133



04262008 Chg-NP CR2E037 (12/06)

4. FEI Number **20-8425512**  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code