

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002118

FILED
Apr 07, 2009
Secretary of State

Entity Name: SISTERS IN THE SPIRIT OF HOPE, INC.

Current Principal Place of Business:

1112 LUMSDEN TRACE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

1112 LUMSDEN TRACE
VALRICO, FL 33594

New Mailing Address:

FEI Number: 56-2396583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
12000 NORTH DALE MABRY HWY
SUITE 110
TAMPA, FL 33618 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: PERSAUD, WANTI
Address: 1112 LUMSDEN TRACE
City-St-Zip: VALRICO, FL 33594

Title: PD () Delete
Name: DERIVEAU, MONICA
Address: 1112 LUMSDEN TRACE
City-St-Zip: VALRICO, FL 33594

Title: STD () Delete
Name: AZOR, PARMASHWARIE
Address: 1112 LUMSDEN TRACE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: ROGERS, FATMATA
Address: 1112 LUMSDEN TRACE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: ROTHERMEL, ELLEN
Address: 1112 LUMSDEN TRACE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: ROCK, PATRICIA
Address: 1112 LUMSDEN TRACE
City-St-Zip: VALRICO, FL 33594

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: PARMASHWARIE AZOR

STD

04/07/2009

Electronic Signature of Signing Officer or Director

Date