

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002475

FILED
May 04, 2009
Secretary of State

Entity Name: SISTERS EMPOWERING SISTERS, INCORPORATED

Current Principal Place of Business:

1720 NW 26TH TERRACE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

PO BOX 9771
FORT LAUDERDALE, FL 333109771

New Mailing Address:

FEI Number: 20-8684102 **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:

Name and Address of New Registered Agent:

BENEFIELD-MCNAIR, ANGELA M
1720 NW 26TH TERRACE
FORT LAUDERDALE, FL 33311 US

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 () Delete
Name: BENEFIELD-MCNAIR, ANGELA M
Address: 1720 NW 26TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: V () Delete
Name: WATSON, CARROLL
Address: 1720 NW 26TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: ST () Delete
Name: MURRAY, MIKESHA
Address: 21810 CYPRESS CIRCLE #26C
City-St-Zip: BOCA RATON, FL 33433

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BENEFIELD-WATSON, CARROLL D
Address: 1720 NW 26TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S (X) Change () Addition
Name: OWENS, SHERONNE
Address: 17175 SW 49TH PLACE
City-St-Zip: MIRAMAR, FL 33027

Title: T () Change (X) Addition
Name: BENEFIELD, MARY JO
Address: 1720 NW 26TH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33311

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: CARROLL WATSON

VP

05/04/2009

Electronic Signature of Signing Officer or Director

Date