

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002475

FILED  
May 01, 2010  
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  
Name: BENEFIELD-MCNAIR, ANGELA M  
Address: 1720 NW 26TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33311

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

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

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

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: ANGELA M BENEFIELD-MCNAIR

P

05/01/2010

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

\_\_\_\_\_  
Date