

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006637

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: SISTERS OF SOUND, INC.

**Current Principal Place of Business:**

17417 WOODFAIR DR.  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

17417 WOODFAIR DR.  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 26-2600142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERSON, REBECCA N  
17417 WOODFAIR DR.  
CLERMONT, FL 34711 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: P ( ) Delete  
Name: JACKSON, CAROL  
Address: 13036 LOBLOLLY LANE  
City-St-Zip: CLERMONT, FL 34711

Title: S ( ) Delete  
Name: ROBERSON, REBECCA N  
Address: 17417 WOODFAIR DR.  
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete  
Name: KARKOVIC, LUJO  
Address: 10046 LAKESHORE DR.  
City-St-Zip: CLERMONT, FL 34711

Title: T ( ) Delete  
Name: ELSWICK, BECKY  
Address: 12903 MAGNOLIA POINTE BLVD.  
City-St-Zip: CLERMONT, FL 34711

**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:

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: REBECCA N. ROBERSON

S

04/28/2009

Electronic Signature of Signing Officer or Director

Date