

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007121

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** SISTERS HELPING SISTERS IN NEEDS INC.

**Current Principal Place of Business:**

1635 NORTH EAST 28TH AVE.  
GAINESVILLE, FL 32609 US

**New Principal Place of Business:**

**Current Mailing Address:**

1635 NORTH EAST 28TH AVE.  
GAINESVILLE, FL 32609 US

**New Mailing Address:**

FEI Number: 80-0392418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DR.HAYNES, VIVIAN  
1635 NORTH EAST 28TH AVE.  
GAINESVILLE, FL 32609 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: DP  
Name: HAYNES, VIVIAN  
Address: 1635 NORTH EAST 28TH AVE.  
City-St-Zip: GAINESVILLE, FL 32609 US

Title: RA  
Name: SMITH, MATTIE  
Address: 1123 NORTH EAST 24TH STREET  
City-St-Zip: GAINESVILLE, FL 32641 US

Title: D  
Name: GRINER, MAE  
Address: 1635 NORTH EAST 28TH AVE  
City-St-Zip: GAINESVILLE, FL 32609 US

Title: D  
Name: KNIGHT, PATRICIA  
Address: 1635 NORTH EAST 28TH AVE  
City-St-Zip: GAINESVILLE, FL 32609 US

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: DR. VIVIAN HAYNES

PRES

04/23/2012

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

\_\_\_\_\_  
Date