SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $306)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 18 AM 9:10

DOCUMENT # **N46777** **(1)**

1. Corporation Name

SISTERS IN RECOVERY, INC.

Principal Place of Business	Mailing Address
5846 RED CEDAR LN TAMPA FL 33625	5846 RED CEDAR LN TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3106836 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 **6211 Memorial HWY**	25 **--SAME--**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 **Tampa, FL**	City & State 28
Zip 24 **33615** Country 25 **Hills**	Zip 29 Country 30

9. Name and Address of Current Registered Agent

LASHER, ROBIN
5846 RED CEDAR LN
TAMPAA FL 33625

10. Name and Address of New Registered Agent

81 Name: **Barbara A. Daley**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **6211 Memorial HWY**
84 City: **Tampa** **FL** 85 Zip Code: **33615**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Barbara A. DALEY Barbara A. Daley 7/6/95
(Typed or Printed Name of Person Signing) (Registered Agent Signature Required When Applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Use Type A)	
TITLE	SD	11 TITLE	D ☒ Change ☐ Addition
NAME	WOOTEN, VICTORIA	12 NAME	Dr. David P. Myers
STREET ADDRESS	5510 N HIMES #141	13 STREET ADDRESS	25 Hamilton Heath St.
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	Tampa, FL 33604
TITLE	TD	21 TITLE	D ☒ Change ☐ Addition
NAME	DALEY, BARBARA	22 NAME	Pat Wenz
STREET ADDRESS	7107 HALIFAX CT	23 STREET ADDRESS	690 Friday Rd.
CITY ST ZIP	TAMPA FL 33615	24 CITY ST ZIP	Coco, FL 32926
TITLE		31 TITLE	D ☐ Change ☒ Addition
NAME		32 NAME	Rev. Abraham Brown
STREET ADDRESS		33 STREET ADDRESS	2921 North 29th ST.
CITY ST ZIP		34 CITY ST ZIP	Tampa, FL 33605
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	Robert K. Stull
STREET ADDRESS		43 STREET ADDRESS	4915 Webb ~~Rd~~ Ct.
CITY ST ZIP		44 CITY ST ZIP	Tampa, FL 33615
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	000001544860
STREET ADDRESS		53 STREET ADDRESS	-07/25/95--01036--001
CITY ST ZIP		54 CITY ST ZIP	****155.00 ****155.00
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	KC
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Drew Myers DAVID MYERS 7-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0013326