

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90194 042 ****61.25

DOCUMENT # N46777

1. Entity Name

SISTERS IN RECOVERY, INC.

Principal Place of Business

Mailing Address

**390 NARRAGANSETT ST NE
 PALM BAY FL 32907
 US**

**390 NARRAGANSETT ST NE
 PALM BAY FL 32907
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3106836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLAGHER, KATHLEEN
 390 NARRAGANSETT ST NE
 PALM BAY FL 32907**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **HINKLEY, MARTHA**
 STREET ADDRESS **492 DEMPSEY DR**
 CITY-ST-ZIP **COCOA FL 32931**

TITLE **D** ☐ Change ☒ Addition
 NAME **Gallagher, Ronald**
 STREET ADDRESS **390 Narragansett Street, NE**
 CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE **P** ☒ Delete
 NAME **DALEY, TOM**
 STREET ADDRESS **965 BRIDLE LANE**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **GALLAGHER, KATHLEEN**
 STREET ADDRESS **390 NARRAGANSETT STREET NE**
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **HARMON, MYRON A**
 STREET ADDRESS **2121 BARCELONA WAY SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **HARMON, LORETTA A**
 STREET ADDRESS **2121 BARCELONA WAY SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DALEY, BARBARA**
 STREET ADDRESS **965 BRIDLE**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ronald Gallagher** **2/20/01** **321-951-7626**

CR2E037 (10/00)