FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003768 (9)**

1. Corporation Name
SISTER SCHOOLS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1201 NE 191 ST STE G117 N MIAMI BEACH FL 33179	1201 NE 191 ST STE G117 N MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1993
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0405623 ☐ 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 ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

WINFREY, FRANCES DR
1201 NE 191 ST
STE G117
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, LINDA	1.2 NAME		
STREET ADDRESS	4303 SUSSEX ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL 34691	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	JAMES, SALLY ANN	2.2 NAME		
STREET ADDRESS	7700 SW 112 ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	HENDERSON, WILLIS	3.2 NAME	Suzanne Slaughter	
STREET ADDRESS	200 S FLORIDA AVE	3.3 STREET ADDRESS	5954 South Magnolia Ave	
CITY-ST-ZIP	WAUCHULA FL 33873	3.4 CITY-ST-ZIP	Ocala Fl 34474	
TITLE	D	4.1 TITLE	Kay Crowell Director	☒ Change ☐ Addition
NAME	HAGAN, AMANDA	4.2 NAME		
STREET ADDRESS	19801 NE 21 CT	4.3 STREET ADDRESS	2905 Brandemere Drive	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	4.4 CITY-ST-ZIP	Tallahassee Fl	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, MARY P	5.2 NAME		
STREET ADDRESS	3055 LUCAS LN	5.3 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL 32132	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, PRISCILLA	6.2 NAME		
STREET ADDRESS	5601 MERRITT BROWN RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32404	6.4 CITY-ST-ZIP		

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: Frances Winfrey Frances Winfrey 4/18/95 305 944 0519
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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