

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

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STE G117  
N MIAMI BEACH FL 33179

3. Date Incorporated or Qualified  
08/16/1993

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

*Frances Winfrey* Frances Winfrey

4/18/96

(Signature, typed or printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME ROGERS, LINDA  
STREET ADDRESS 4303 SUSSEX ST  
CITY-ST-ZIP HOLIDAY FL 34691

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME JAMES, SALLY ANN  
STREET ADDRESS 7700 SW 112 ST  
CITY-ST-ZIP MIAMI FL 33156

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME SLAUGHTER, SUZANNE  
STREET ADDRESS 5959 SOUTH MAGNOLIA AVE  
CITY-ST-ZIP OCALA FL

3.1 TITLE DIRECTOR + Secretary ☐ Change ☒ Addition  
3.2 NAME B J ORFELY  
3.3 STREET ADDRESS 2949 Myrtle Oak Circle  
3.4 CITY-ST-ZIP Dade Florida

TITLE D ☐ DELETE  
NAME CROWELL, KAY  
STREET ADDRESS 2905 BRANDEMERE DRIVE  
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME KENNEDY, MARY P  
STREET ADDRESS 3055 LUCAS LN  
CITY-ST-ZIP EDGEWATER FL 32132

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME ANDERSON, PRISCILLA  
STREET ADDRESS 5601 MERRITT BROWN RD  
CITY-ST-ZIP PANAMA CITY FL 32404

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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:

*Sally J. James*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-21-96

Date

305  
857-3650

Daytime Phone #

CR2E037 (12/95)