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FILED

May 12 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # N94000004517 (8)**

1. Corporation Name

**SISTERS... "OVERCOMERS IN CHRISTIAN UNITY" MINIST  
RY, INC.**

Principal Place of Business

**7283 OLD MIDDLEBURG ROAD  
JACKSONVILLE FL 32210**

Mailing Address

**7283 OLD MIDDLEBURG ROAD  
JACKSONVILLE FL 32222-1835**



3. Date Incorporated or Qualified  
**09/12/1994**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**30**

4. FEI Number

**59-3276254**

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

**BARLOW, A. WELLINGTON  
24 N. MARKET ST., STE. 502  
JACKSONVILLE FL 32202**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **WILLIAMS, ANN E DR.**  
STREET ADDRESS **7283 OLD MIDDLEBURG RD.**  
CITY - ST - ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ DELETE  
NAME **WALFALL, ELAINE**  
STREET ADDRESS **12788 BURNING TREE LANE W.**  
CITY - ST - ZIP **JACKSONVILLE FL 32223**

TITLE **D** ☐ DELETE  
NAME **HOWELL, PATRICIA**  
STREET ADDRESS **8433 SOUTHSIDE BLVD. STE.1803**  
CITY - ST - ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☐ DELETE  
NAME **HALL, JANICE**  
STREET ADDRESS **390 SONORA DR.**  
CITY - ST - ZIP **ORANGE PARK FL 32023**

TITLE **D** ☐ DELETE  
NAME **BROWN, KATHY C**  
STREET ADDRESS **100 STYLES COURT**  
CITY - ST - ZIP **EASLEY SC 29642**

TITLE **D** ☐ DELETE  
NAME **CROSBY, GLORIA**  
STREET ADDRESS **5239 WASHINGTON ESTATE DR.**  
CITY - ST - ZIP **JACKSONVILLE FL 32208**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

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

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

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 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: *Patricia Howell* **Patricia Howell**

**4/28/97**

**(904) 642-3059**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904 642 3059

CP2E037 (9/96)