

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000004517

FILED
Oct 25, 2004
Secretary of State**Entity Name:** SISTERS..."OVERCOMERS IN CHRISTIAN UNITY" MINISTRY, INC.**Current Principal Place of Business:**6479 SAN JUAN AVE
SUITE #1
JACKSONVILLE, FL 32210 US**New Principal Place of Business:****Current Mailing Address:**6479 SAN JUAN AVE
SUITE #1
JACKSONVILLE, FL 32210 US**New Mailing Address:****FEI Number:** 59-3276254 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**HOWZE, BERTHA
2151 LANE AVE
JACKSONVILLE, FL 32210 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: STEPHENS, DELANA
Address: 3118 WINTON DR
City-St-Zip: JACKSONVILLE, FL 32208**Title:** DV () Delete
Name: TRIMINGS, NELEENE
Address: 6479 SAN JUAN AVE
City-St-Zip: JACKSONVILLE, FL 32210 US**Title:** DS () Delete
Name: CANTRELL, ROBERT
Address: 6316 SAN JUAN #1
City-St-Zip: JACKSONVILLE, FL 32210**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DV (X) Change () Addition
Name: WATTS, MILDRED
Address: 6479 SAN JUAN AVE
City-St-Zip: JACKSONVILLE, FL 32210 US**Title:** DS (X) Change () Addition
Name: HOLBECK, JUANITA
Address: 6316 SAN JUAN #1
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN E. A. WILLIAMS

CEO

10/25/2004

Electronic Signature of Signing Officer or Director

Date