## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000004517

FILED Jan 06, 2005 Secretary of State

Entity Name: SISTERS..."OVERCOMERS IN CHRISTIAN UNITY" MINISTRY, INC.

Current Principal Place of Business:		New Principal Place of Business:		
479 SAN UITE #1	JUAN AVE			
	IVILLE, FL 3221	0 US		
urrent M	lailing Address	<b>s:</b>	New Mailing Address	s:
479 SAN UITE #1	JUAN AVE			
ACKSON	IVILLE, FL 3221	0 US		
El Number:	: 59-3276254	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	l Address of Cu	ırrent Registered Agent:	Name and Address of	of New Registered Agent:
OWZE, E				
	E AVE IVILLE, FL 3221	0 US		
he above	IVILLE, FL 3221		purpose of changing its registere	d office or registered agent, or both,
ACKSON he above the State	NILLE, FL 3221 named entity sue of Florida.  RE:	ubmits this statement for the լ		d office or registered agent, or both,
ACKSON ne above the State	NILLE, FL 3221 named entity sue of Florida.  RE:			d office or registered agent, or both,  Date
ACKSON he above the State	NILLE, FL 3221 named entity sue of Florida.  RE:	ubmits this statement for the posterior that the posterior construction of Registered Agreement for the posterior control of Registered Agreement for the Registered Agreement for the posterior control of Registered Agreement for the Registered Agre	ent	
ACKSON he above the State	e named entity so e of Florida. RE: Electronic S AND DIRECT	ubmits this statement for the position of Registered Agronal Corporation of Register	ent	Date
ACKSON  he above the State  IGNATUF  FFICERS  ttle: ame: ddress:	e named entity sue of Florida.  RE:  Electronic  S AND DIRECT  DP () I  STEPHENS, DEL  3118 WINTON D  JACKSONVILLE,	ubmits this statement for the particle Signature of Registered Age CORS: Delete ANA R FL 32208 Delete ED AVE	ent  ADDITIONS/CHANGI  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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 01/06/2005