

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004517

FILED  
Jul 10, 2008  
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:**

P.O. BOX 438  
BALDWIN, FL 32234 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  
4519 BRENTWOOD AVE.  
JACKSONVILLE, FL 32209 US

**Name and Address of New Registered Agent:**

HOWZE, BERTHA D  
1336 MYRTLE AVE  
JACKSONVILLE, FL 32209 US

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: BERTHA D. HOWZE

07/10/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: WILLIAMS, LATROY A  
Address: POST OFFICE BOX 646  
City-St-Zip: REDAN, GA 30074 US

Title: VP ( ) Delete  
Name: DANFORD, JOYCE M  
Address: 4928 TOP ROYAL LANE  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DS ( ) Delete  
Name: ELAINE, WALFALL  
Address: 12788 BURNING TREE LANE E  
City-St-Zip: MANDRAIN, FL 32245

Title: DT ( ) Delete  
Name: HOWZE, BERTHA L  
Address: 4519 BRENTWOOD LANE  
City-St-Zip: JACKSONVILLE, FL 32206

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: L.A. WILLIAMS

PRES

07/10/2008

Electronic Signature of Signing Officer or Director

Date