

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004517

FILED
Mar 23, 2009
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

Current Mailing Address:

P.O. BOX 438
BALDWIN, FL 32234 US

New Principal Place of Business:

5732 NORMANDY BLVD
SUITE #4
JACKSONVILLE, FL 32205 US

New Mailing Address:

5732 NORMANDY BLVD
SUITE #4
JACKSONVILLE, FL 32205 US

FEI Number: 59-3276254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HOWZE, BERTHA D
1272 WEST 20TH STREET
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 HOWEZ

03/23/2009

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: DS (X) Change () Addition
Name: JUANITA, HORLBECK
Address: 5732 NORMANDY BLVD
City-St-Zip: JACKSONVILLE, FL 32205

Title: DT (X) Change () Addition
Name: HOWZE, BERTHA L
Address: 1272 WEST 20TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

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: BERTHA HOWEZ

RA

03/23/2009

Electronic Signature of Signing Officer or Director

Date