

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005670 (3)

1. Corporation Name

SISTERS HELP ORGANIZATION, INC.



Principal Place of Business

Mailing Address

**117 N.W. 48TH STREET
MIAMI FL 33127**

**117 N.W. 48TH STREET
MIAMI FL 33127**

3. Date Incorporated or Qualified

12/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRADSHAW, ANN B
2455 HOLLYWOOD BOULEVARD
SUITE 104
HOLLYWOOD FL 33020**

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

Ann B. Bradshaw, Attorney

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, LILLIE	
STREET ADDRESS	117 N.W. 48TH STREET	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REID, MICHELLE	
STREET ADDRESS	1643 CORAL TERRACE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADSHAW, ANN	
STREET ADDRESS	1643 CORAL TERRACE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALVIN, EMOGENE	
STREET ADDRESS	1174 WEST SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	Karen Upshaw
1.4 CITY-ST-ZIP	1174 West Sample Road Coral Springs, Florida 33065
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lillie Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

Date

954-722-0322

Daytime Phone #

CR2E037 (12/95)