9/13/01-90010-021-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007139

1. Entity Name

SISTAH TO SISTAH RECOVERY HOUSE, INC.

(4)

FILED

00 OCT 19 AM 11:52

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5014 PINEWOOD AVENUE WEST PALM BEACH FL 33407	736 50TH STREET WEST PALM BEACH FL 33407

2. Principal Place of Business	3. Mailing Address 736 50th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State West Palm Bch FL
Zip 33407 Country USA	Zip / Country

4. FEI Number 65-0817305 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RILEY, ELOISE 5014 PINEWOOD AVENUE WEST PALM BEACH FL 33407	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE D NAME HUDSON, ANNIE STREET ADDRESS 3600 HUNT ROAD CITY-ST-ZIP LAKE WORTH FL 33461 ☐ Delete	TITLE D NAME Hudson ANNIE STREET ADDRESS 500 N Congress Apt 197 CITY-ST-ZIP West Palm Bch FL 33401 ☑ Change ☐ Addition
TITLE D NAME MILES, LAURESTER STREET ADDRESS 938 MAGNOLIA DRIVE APT. D CITY-ST-ZIP LAKE PARK FL 33404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME BATES, ANGRINETTE STREET ADDRESS 4763 "C" ORLEANS COURT CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Delete	TITLE → Founder-Executive Director Non-voting NAME Bates, Angrinette STREET ADDRESS P.O. Box 8054 CITY-ST-ZIP West Palm Bch FL 33407 ☐ Change ☐ Addition
TITLE ~~Director~~ NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE D NAME Brown, Shirley STREET ADDRESS 1456 W 36th Street CITY-ST-ZIP Riviera Bch FL 33404 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE D Director NAME Riley, LISA STREET ADDRESS 906 25th St CITY-ST-ZIP Riviera Bch FL 33407 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (5/01)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Annette B. Hudnett 8/28/01 (561) 840-2091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #