

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007139

1. Entity Name

SISTAH TO SISTAH RECOVERY HOUSE, INC.

FILED

May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91531 002 \*\*\*\*61.25

00324/4

Principal Place of Business  
5014 PINWOOD AVENUE  
WEST PALM BEACH FL 33407

Mailing Address  
736 50TH STREET  
WEST PALM BEACH FL 33407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0817305

Applied For  
Not Applicable

Zip Country

Zip Country

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 PINWOOD 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

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 500 N. CONGRESS, APT. 197  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE Dale Smith D  
NAME  
STREET ADDRESS 2020 Spruce Avenue  
CITY-ST-ZIP West Palm Beach FL 33407

TITLE D  
NAME MILES, LAURESTER  
STREET ADDRESS 938 MAGNOLIA DRIVE APT. D  
CITY-ST-ZIP LAKE PARK FL 33404

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ED  
NAME BATES, ANGRINETTE  
STREET ADDRESS P.O. BOX 8084  
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BROWN, SHIRLEY  
STREET ADDRESS 1406 W. 36TH STREET  
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D - ALUMNI CHAIRMAN  
NAME LILEY, LISA  
STREET ADDRESS 906 29TH ST.  
CITY-ST-ZIP RIVIERA BEACH FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Bates*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/02 (561) 890-2091

CR2E037 (9/01)