

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 PM 4:18

DOCUMENT # P94000006513 (3)

1. Corporation Name

SISTERSTWO OF JACKSONVILLE, INC.

Principal Place of Business

**2714 PARK STREET
JACKSONVILLE FL 32205**

Mailing Address

**2714 PARK STREET
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/18/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3216597

Applied For

☐ Not Applicable

Suite, Apt. #, etc

22

Suite, Apt. #, etc

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MAIRE, JACQUELINE D
3759 SPRING LAKE ROAD
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent (Printed name of registered agent and the full name of the corporation)

Signature of Agent (Printed name of registered agent and the full name of the corporation)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE	PRESIDENT
2. NAME	JACQUELINE D MAIRE
3. STREET ADDRESS	3759 SPRING LAKE ROAD
4. CITY, ST, ZIP	JACKSONVILLE, FLORIDA 32210
5. TITLE	VIC PRESIDENT
6. NAME	CECELIA T. LARAMORE
7. STREET ADDRESS	14863 YELLOW BLUFF ROAD
8. CITY, ST, ZIP	JACKSONVILLE, FLORIDA 32226
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and accurate and that my signature shall have the same legal effect as if made under oath. But I am an officer or director of the corporation or the record or trustee empowered to execute this report as required by Chapter 1207, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Jacqueline D. Maire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-95 904-387-9082