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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:49

DOCUMENT # 728474 (8)

1. Corporation Name

BAHIA BLANCA-JACKSONVILLE SISTER CITIES INTERNAT IONAL EXCHANGE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ROOM 1400 CITY HALL 220 EAST BAY STREET JACKSONVILLE FL 32202	ROOM 1400 CITY HALL 220 EAST BAY STREET JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1973
3a. Date of Last Report: 01/20/1994
4. FEI Number: 23-7355928 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~DUGG, JOHN STRATFORD I~~
~~200 W FORSYTH ST~~
~~STE. 1000~~
~~JACKSONVILLE FL 32202~~

10. Name and Address of New Registered Agent

81 Name: BUCKINGHAM JULIE C.
82 Street Address (P.O. Box Number is Not Acceptable): 3019 GRAND AVENUE
83
84 City: JACKSONVILLE FL 85 Zip Code: 32210

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: Julie C. Buckingham 2/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	FLEETWOOD, JANE	1.2 NAME	
STREET ADDRESS	5528 DOVER CREST LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	32258
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	~~BOOTH, JOHN N III~~	2.2 NAME	BECKWITH, ANN
STREET ADDRESS	~~3113 CORNELIA DR~~	2.3 STREET ADDRESS	1605 LORIMER Road
CITY-ST-ZIP	~~JACKSONVILLE FL~~	2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32207
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	~~DUGG, JOHN S IV~~	3.2 NAME	BUCKINGHAM, JULIE C.
STREET ADDRESS	~~200 W FORSYTH ST., #1000~~	3.3 STREET ADDRESS	3019 GRAND AVENUE
CITY-ST-ZIP	~~JACKSONVILLE FL~~	3.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32210
TITLE	SD	4.1 TITLE	☐ Change ☒ Addition
NAME	JOLLY, LETTY	4.2 NAME	
STREET ADDRESS	2034 SHADOW LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BCH FL	4.4 CITY-ST-ZIP	32233
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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 asterisk.

SIGNATURE: Julie C. Buckingham 2/3/95 904-389-7196
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000470