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 # **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~~

3. Date Incorporated or Qualified: **12/27/1973**

3a. Date of Last Report: **02/08/1995**

2. Principal Place of Business	2a. Mailing Address
21 128 EAST FORSYTH ST.	26 128 EAST FORSYTH ST.
Suite, Apt. #, etc. 22 4TH FLOOR	Suite, Apt. #, etc. 27 4TH FLOOR
City & State 23 JACKSONVILLE, FL.	City & State 28 JACKSONVILLE, FL.
Zip 24 32202 Country 25 DUVAL	Zip 29 32202 Country 30 DUVAL

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

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

9. **Name and Address of Current Registered Agent**

BUCKINGHAM, JULIE C
3019 GRAND AVEN
~~STE 1600~~
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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	~~FLEETWOOD, JANE~~		12 NAME	BECKWITH, ANN	
STREET ADDRESS	~~5528 DOVER CREST LANE~~		13 STREET ADDRESS	1605 LORIMER ROAD	
CITY-ST-ZIP	~~JACKSONVILLE FL~~		14 CITY-ST-ZIP	JACKSONVILLE, FL. 32207	
TITLE	VD	☐ DELETE	21 TITLE	VD	☒ Change ☐ Addition
NAME	~~BECKWITH, ANN~~		22 NAME	BOOTH, JOHN N. III	
STREET ADDRESS	~~1605 LORIMER ROAD~~		23 STREET ADDRESS	3113 CORNELIA DR	
CITY-ST-ZIP	~~JACKSONVILLE FL~~		24 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	TD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BUCKINGHAM, JULIE C		32 NAME		
STREET ADDRESS	3019 GRAND AVE		33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		34 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	JOLLY, LETTY		42 NAME		
STREET ADDRESS	2034 SHADOW LN		43 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BCH FL		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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: Julie Buckingham 2/12/96 (904) 389-7196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #