

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998

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



DOCUMENT # 728474 (8)

1. Corporation Name

~~BABIA BLANCA~~
~~JACKSONVILLE SISTER CITIES INTERNATIONAL ASSOCIATION, INC.~~
~~EXCHANGE ASSOCIATION, INC.~~
Exchange Association INC

Principal Place of Business

Mailing Address

128 EAST FORSYTH STREET
4TH FLOOR
JACKSONVILLE FL 32202
US

128 EAST FORSYTH STREET
4TH FLOOR
JACKSONVILLE FL 32202
US



3. Date Incorporated or Qualified

12/27/1973

4. FEI Number

23-7355928

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 220 E. Bay St

26 3941 High Pine Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4TH FLOOR

27

City & State

City & State

23 Jacksonville, FL

28 Jacksonville FL

Zip

Country

Zip

Country

24 32202

25 USA

29 32225

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELSH, THOMAS W
3941 HIGH PINE RD
JACKSONVILLE FL 32225

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BECKWITH, ANN
STREET ADDRESS 1805 LORIMER ROAD
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

TITLE VD
NAME BOOTH, JOHN N III
STREET ADDRESS 3113 CORNELIA DRIVE
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

TITLE T
NAME WELSH, THOMAS W
STREET ADDRESS 3941 HIGH PINE RD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE SD
NAME JOLLY, LETTY
STREET ADDRESS 2034 SHADOW LN
CITY-ST-ZIP NEPTUNE BCH FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE PD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

INTERIM PRESIDENT

Julie Buckingham

3019 GRAND AVE

Jacksonville FL 32210

☒ Change ☒ Addition

3.1 TITLE TD
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

100002583711

-07/09/98--01005--004

***\$61.25

☒ Change ☐ Addition

4.1 TITLE SD
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

RECORDING SECRETARY

LOUISE DANIELS, M.D.

1838 OCEAN FRONT

NEPTUNE BEACH FL 32266

☒ Change ☒ Addition

5.1 TITLE SD
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

CORRESPONDING SECRETARY

SHERRIE HARRIS

2710 STRASBOURG CT

PONTA VEDRA BEACH FL 32082

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADMINISTRATOR

ELIZABETH PORTER

220 E. BAY ST. 4TH FLOOR

JACKSONVILLE FL 32202

☐ Change ☒ Addition

14. 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 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

[Signature]

[Signature]

904-573-1050

CR2E037 (10/97)



Bahia Blanca, Argentina • Masan, Korea • Nantes, France • Murmansk, Russia • Yingkou, China

2

June 21, 1998

ref. Number 728474

Letter Number: 398A00031257

Annual Reports Section
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

1. I was not aware that a name change involved a complicated procedure, but was only making an editorial change. Please ignore the changes and keep the Organization name as originally filed.
2. Directors have been designated by the "D", as required.

Sincerely,

Thomas W. Welsh
Treasurer



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 3, 1998

BAHIA BLANCA-JACKSONVILLE SISTER CITIES INTERNATIONAL E
3941 HIGH PINE RD
JACKSONVILLE, FL 32225 US

SUBJECT: BAHIA BLANCA-JACKSONVILLE SISTER CITIES
INTERNATIONAL EXCHANGE ASSOCIATION, INC.
Ref. Number: 728474

Please be advised, we have received your document for the above corporation; however, the document **has not been filed** and is being returned for the following:

The records of the Division of Corporations do not reflect a name change has been filed for this corporation as indicated on the enclosed annual report. This report cannot be filed under the new name until an amendment has been filed. For your convenience, enclosed are the instructions and/or forms to change the name. Please return the amendment and annual report together to the address indicated.

The amendment filing fee is \$35.

A non-profit corporation must list three (3) directors or (3) trustees and their street addresses in block 12 or 13. Use a "D" or "T" to designate the title.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION

Letter number: 398A00031257

/cc