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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **728474**

1. Corporation Name

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

Principal Place of Business	Mailing Address
220 EAST BAY ST. 4TH FLOOR JACKSONVILLE FL 32202 US	3941 HIGH PINE RD. JACKSONVILLE FL 32225 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/27/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7355928 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WELSH, THOMAS W
3941 HIGH PINE RD
JACKSONVILLE FL 32225

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	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	BUCKINGHAM, JULIE		1.2 NAME		
STREET ADDRESS	3019 GRAND AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DANIELS, LOUISE M.D.		2.2 NAME		
STREET ADDRESS	1838 OCEAN FRONT		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WELSH, THOMAS W		3.2 NAME		
STREET ADDRESS	3941 HIGH PINE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, SHERRIE		4.2 NAME		
STREET ADDRESS	2710 STRASBORUG CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PONTA VEDRA BEACH FL 32082		4.4 CITY-ST-ZIP		
TITLE	A	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PORTER, ELIZABETH		5.2 NAME		
STREET ADDRESS	220 E. BAY ST., 4TH FLOOR		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	PD	☐ Change ☒ Addition
NAME			6.2 NAME	BROGAN, JOAN	
STREET ADDRESS			6.3 STREET ADDRESS	1136 Arlingwood Ave	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jacksonville FL 32211	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Thomas W. Welsh 4/6/99 904-573-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — TREASURER — Date — Daytime Phone #

CR2E037 (11/98)