2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 08:00 AM
Secretary of State

DOCUMENT # 728474

1. Entity Name
JACKSONVILLE SISTER CITIES 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7355928 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WELSH THOMAS W 3941 HIGH PINE RD JACKSONVILLE FL 32225 US	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ 05/01/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BROGAN JOAN		NAME		
STREET ADDRESS	1136 ARLINGTON AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		CITY-ST-ZIP		
TITLE	A	☐ Delete	TITLE	A	☒ Change ☐ Addition
NAME	PORTER ELIZABETH		NAME	MILLIAN SHEYLLA	
STREET ADDRESS	220 E. BAY ST., 4TH FLOOR		STREET ADDRESS	220 E. BAY ST., 4TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32202		CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WELSH THOMAS W		NAME		
STREET ADDRESS	3941 HIGH PINE RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	DANIELS LOUISE M.D.		NAME		
STREET ADDRESS	1838 OCEAN FRONT		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	BUCKINGHAM JULIE		NAME	FRESH ELINORE	
STREET ADDRESS	3019 GRAND AVE.		STREET ADDRESS	7409 FLEMING ISLAND RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.