

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 728474

FILED
Nov 29, 2004
Secretary of State**Entity Name:** JACKSONVILLE SISTER CITIES ASSOCIATION, INC.**Current Principal Place of Business:**220 EAST BAY ST.
13TH FLOOR
JACKSONVILLE, FL 32202 US**New Principal Place of Business:****Current Mailing Address:**10777 SCOTT MALL RD
JACKSONVILLE, FL 32223 US**New Mailing Address:**PO BOX 57034
JACKSONVILLE, FL 32241 US**FEI Number:** 23-7355928 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**COPPEDGE, JOSPEH T
10777 SCOTT MILL RD
JACKSONVILLE, FL 32223 US**Name and Address of New Registered Agent:**COPPEDGE, JOSPEH T
2903 BERNICE CT
JACKSONVILLE, FL 32257 US

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: JOSEPH T. COPPEDGE

11/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** EVPD () Delete
Name: WOOD, JANE
Address: 11802 MAGNOLIA FALLS DR
City-St-Zip: JACKSONVILLE, FL 32258**Title:** TD () Delete
Name: COPPEDGE, JOSPEH T
Address: 10777 SCOTT MILL RD
City-St-Zip: JACKSONVILLE, FL 32223**Title:** PD () Delete
Name: FLINCHUM, BETTY
Address: 244 34TH AVE S
City-St-Zip: JACKSONVILLE BEACH, FL 32250**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: COPPEDGE, JOSPEH T
Address: 2903 BERNICE CT.
City-St-Zip: JACKSONVILLE, FL 32257**Title:** PD (X) Change () Addition
Name: STEVE, MANIS
Address: 1135 LINKSIDE CT. W
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH T. COPPEDGE

TD

11/29/2004

Electronic Signature of Signing Officer or Director

Date