2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# 728474

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:

117 W. DUVAL STREET
SUITE M-155
JACKSONVILLE, FL 32202 US

Current Mailing Address:

220 EAST BAY ST.
JACKSONVILLE, FL 32202 US

New Mailing Address:

117 W. DUVAL STREET
SUITE M-155
JACKSONVILLE, FL 32202 US

FEI Number: 23-7355928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELSH, THOMAS W
3941 HIGH PINE RD.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

MANIS, STEVE
1135 LINKSIDE CT W.
ATLANTIC BEACH, FL 32233 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: STEVE MANIS 04/02/2007
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: WELSH, THOMAS W
Address: 3941 HIGH PINE RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD ( ) Delete
Name: MANIS, STEVE
Address: 1135 LINKSIDE CT. W
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: MANIS, STEVE
Address: 1135 LINKSIDE CT. W
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STEVE MANIS PD 04/02/2007
Electronic Signature of Signing Officer or Director Date