2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State
05-19-2003 90226 045 ****61.25

DOCUMENT # 728474

1. Entity Name
JACKSONVILLE SISTER CITIES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
220 EAST BAY ST. 13TH FLOOR JACKSONVILLE FL 32202 US	3941 HIGH PINE RD. JACKSONVILLE FL 32225 US

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	10777 Scott Mill Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Jacksonville, FL
Zip / Country	Zip: 32223 / Country: USA

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	Name: JOSEPH T. COPPEDGE Street Address (P.O. Box Number is Not Acceptable): 10777 SCOTT MILL RD. City: Jacksonville FL Zip Code: 32223

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] JOSEPH T. COPPEDGE 5/16/3
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FRESH, ELINORE 7409 FLEMING ISLAND RD GREEN COVE SPRINGS FL 32043	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Vice President Jane Wood 11802 Magnolia Falls Dr. Jacksonville, FL 32258	☐ Change ☑ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WELSH, THOMAS W 3941 HIGH PINE RD JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Joseph T. Coppedge 10777 Scott Mill Rd. Jacksonville, FL 32223	☐ Change ☑ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROGAN, JOAN 1136 ARLINGTON AVE JACKSONVILLE FL 32211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Betty Flinchum President 244 34th Ave S. Jacksonville Beach, FL 32250	☐ Change ☑ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasure	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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.

SIGNATURE: [signature] EQUI Betty Flinchum 5/14/03 (904)620 2657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #