

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007750

FILED
Jan 06, 2009
Secretary of State

Entity Name: SISTER CITIES OF DELRAY BEACH, INC.

Current Principal Place of Business:

100 NW 1ST AVE.
DELRAY BCH, FL 33444

New Principal Place of Business:

Current Mailing Address:

100 NW 1ST AVE.
DELRAY BCH, FL 33444

New Mailing Address:

FEI Number: 20-0378966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, DAVID W
140 NE 4TH AVE
SUITE A
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: O'CONNOR, REBECCA
Address: 100 NE 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: HARDIMAN, CHARLES
Address: 100 NW 1ST AVE.
City-St-Zip: DELRAY BCH, FL 33444

Title: D () Delete
Name: KING, NANCY
Address: 100 NW 1ST AVE.
City-St-Zip: DELRAY BCH, FL 33444

Title: PD () Delete
Name: SCHMIDT, DAVID W
Address: 100 NW 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: VD () Delete
Name: MENSAH, NGOZI
Address: 100 NW 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD () Delete
Name: WILSHER, WILLIAM
Address: 100 NW 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: O'CONNOR, REBECCA
Address: 100 NE 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DAVID W SCHMIDT

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date