

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 AM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36944 (9)

1. Corporation Name

**TALLAHASSEE, FLORIDA/SLIGO, IRELAND SISTER CITY
PROGRAM, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
P.O. BOX 10616 TALLAHASSEE, FL 32302 US		P.O. BOX 10616 TALLAHASSEE FL 32302 US	
21. Principal Place of Business 706 W. GAINES ST Tallahassee FLA.		22. Mailing Address SAME	
23. City & State		24. City & State	
25. Zip 32304		26. Country LEON	

3. Date Incorporated or Qualified 03/07/1990	3a. Date of Last Report 08/24/1994
4. FBI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCOTT, JAY U 706 W. GAINES ST. TALLAHASSEE FL 32304				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREASIER, ANNE H	1.2 NAME	
STREET ADDRESS	407 JUNIUS ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	THOMASVILLE GA 31782	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAFFREY, PATRICK	2.2 NAME	
STREET ADDRESS	112 EAST THIRD AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32303	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, VINCENT	3.2 NAME	
STREET ADDRESS	RT. 22, BOX 990G (SULLIVAN RD)	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32310	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, JANE	4.2 NAME	
STREET ADDRESS	RT. 4, BOX 4143	4.3 STREET ADDRESS	
CITY - ST - ZIP	MONTICELLO FL 32344	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, JAY	5.2 NAME	
STREET ADDRESS	706 W. GAINES ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32304	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jay Scott DATE: 4/28/95
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Type in Block 8)