

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N36944 (9)
 1. Corporation Name
TALLHASSEE, FLORIDA/SLIGO, IRELAND SISTER CITY PROGRAM, INC.



Principal Place of Business: **% THE WAREHOUSE 706 W. GAINES ST. TALLHASSEE FL 32304 US**
 Mailing Address: **% THE WAREHOUSE 706 W. GAINES ST. TALLHASSEE FL 32304 US**

3. Date Incorporated or Qualified: **03/07/1990**
 3a. Date of Last Report: **04/28/1995**
 4. FEI Number: **NOT APPLICABLE**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 21. Suite, Apt #, etc.
 22. City & State
 23. Zip
 24. Country
 25. Country
 26. Mailing Address
 27. Suite, Apt #, etc.
 28. City & State
 29. Zip
 30. Country

9. Name and Address of Current Registered Agent
**SCOTT, JAY U
 706 W. GAINES ST.
 TALLHASSEE FL 32304**

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD NAME: FREASIER, ANNE H STREET ADDRESS: 407 JUNIUS ST. CITY-ST-ZIP: THOMASVILLE GA 31792	<input checked="" type="checkbox"/> DELETE
TITLE: VD NAME: MCCAFFREY, PATRICK STREET ADDRESS: 112 EAST THIRD AVENUE CITY-ST-ZIP: TALLHASSEE FL 32303	<input type="checkbox"/> DELETE
TITLE: TD NAME: WILLIAMS, VINCENT STREET ADDRESS: RT. 22, BOX 990G (SULLIVAN RD) CITY-ST-ZIP: TALLHASSEE FL 32310	<input type="checkbox"/> DELETE
TITLE: SD NAME: SCOTT, JANE STREET ADDRESS: RT. 4, BOX 4143 CITY-ST-ZIP: MONTICELLO FL 32344	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: SCOTT, JAY STREET ADDRESS: 706 W. GAINES ST. CITY-ST-ZIP: TALLHASSEE FL 32304	<input type="checkbox"/> DELETE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD 1.2 NAME: MCCAFFREY, PATRICK 1.3 STREET ADDRESS: 112 EAST THIRD AVENUE 1.4 CITY-ST-ZIP: TALLHASSEE FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: VD 2.2 NAME: FREASIER, ANNE H 2.3 STREET ADDRESS: 407 JUNIUS ST. 2.4 CITY-ST-ZIP: THOMASVILLE GA 31792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: SD 4.2 NAME: TEN BUS, ERIC 4.3 STREET ADDRESS: 3124 ELWOOD TRAIL 4.4 CITY-ST-ZIP: TALLHASSEE, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Jay M. Scott* DATE: *8/6/96*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DAYTIME PHONE #: _____

CR2E037 (3/96)