




# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N36944</b> 1. Entity Name <b>TALLAHASSEE, FLORIDA/SLIGO, IRELAND SISTER CITY PROGRAM, INC.</b>						<p style="font-size: 24px; margin: 0;">FILED</p> <p style="font-size: 18px; margin: 0;">04 APR 30 PM 12:45</p> <p style="font-size: 14px; margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 	
Principal Place of Business % THE WAREHOUSE 706 W. GAINES ST. TALLAHASSEE, FL 32304 US		Mailing Address % THE WAREHOUSE 706 W. GAINES ST. TALLAHASSEE, FL 32304 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	04282004 Chg-NP CR2E037 (10/03)			
4. FEI Number <b>NOT APPLICABLE</b>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SCOTT, JAY U 706 W. GAINES ST. TALLAHASSEE, FL 32304			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City				
			<b>FL</b>		Zip Code		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERNS, TIMOTHY D 403 NOTTINGHAM CT TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gordon Scott Rt. 4 Box 4143 Monticello, FL 32344	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTT, JANE RT. 4 BOX 4143 MONTICELLO, FL 32344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500035849145 05/11/04--01019--010	<input type="checkbox"/> Change <input type="checkbox"/> Addition **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, JAY 1941 GREENWOOD DR TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD John Sullivan 3717 DORSCTWAY TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURNS, PAUL 2874 MANILA PALM CT TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jeri Scott 1941 Greenwood Dr. Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, JAY 706 W. GAINES ST. TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		4/29/04		850 893 4395			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			