

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90082 033 ****61.25

DOCUMENT # N46225 1. Entity Name TAMPA SISTER CITIES COMMITTEE, INC.			
Principal Place of Business		Mailing Address	
P.O. BOX 5038 TAMPA FL 33675 US		P.O. BOX 5038 TAMPA FL 33675	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-3115512	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPOTO, JOHN P 1026 MEADOW LANE BRANDON FL 33511		Name RAUL PALOMINO	
		Street Address (P.O. Box Number is Not Acceptable) 1008 W. INDIANA AVE	
		City TAMPA	
		State FL Zip Code 33603	
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 <u><i>RAUL PALOMINO</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u><i>Raul Palomino President</i></u> <small>(NOTE: Registered Agent signature required when re-stating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALOMINO, RAUL DR	NAME	
STREET ADDRESS	1008 W INDIANA AVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33603	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDER, VICTOR	NAME	
STREET ADDRESS	11949 RIVERHILLS DR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUESCA, RENE	NAME	
STREET ADDRESS	3212 ARCH ST.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUALIARDO-BEERS, ANGELA	NAME	
STREET ADDRESS	3223 PARKLAND BLVD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINES, HAZEL	NAME	
STREET ADDRESS	3308 UNION STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANDO, JOSEPH	NAME	
STREET ADDRESS	3221 B EMPEORADO ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	CITY-ST-ZIP	



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Rene Huesca* **RENE HUESCA** **TREASURER** 3/6/07 **913 8774449**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #