


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90122 003 \*\*\*\*61.25

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # N46225</b>   |   |  |  |  |  |
| 1. Entity Name<br>TAMPA SISTER CITIES COMMITTEE, INC.  |   |  |  |   |  |
| Principal Place of Business<br>P.O. BOX 5038<br>TAMPA, FL 33675 US   |   |  | Mailing Address<br>P.O. BOX 5038<br>TAMPA, FL 33675  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>11949 Riverhills Dr  |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |  |
| City & State<br>Tampa, FL  |   | City & State   |  | 4. FEI Number<br>59-3115512   |  |
| Applied For<br>Not Applicable  |   | 5. Certificate of Status Desired <input type="checkbox"/>                        |  | \$8.75 Additional Fee Required  |  |
| Zip<br>33617   | Country<br>US   | Zip  | Country  |   |  |
| 6. Name and Address of Current Registered Agent<br>PALOMINO, RAUL<br>1008 W. INDIANA AVE<br>TAMPA, FL 33603  |   |  | 7. Name and Address of New Registered Agent<br>Name VICTOR M. FERNANDEZ<br>Street Address (P.O. Box Number is Not Acceptable)<br>11949 RIVERHILLS DR<br>City Tampa FL Zip Code 33617 |   |  |
| 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.<br>SIGNATURE <u>Victor M. Fernandez</u> VICTOR M. FERNANDEZ - PRESIDENT 4/21/08<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE   |   |  |  |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2008  |   | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>PALOMINO, RAUL DR<br>1008 W INDIANA AVE<br>TAMPA, FL 33603       | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>FERNANDEZ, VICTOR M<br>11949 RIVERHILLS DR.<br>Tampa, FL 33617               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>FERNANDEZ, VICTOR<br>11949 RIVERHILLS DR<br>TAMPA, FL 33617      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>CALDEVILLA, JOSE R.<br>4609 EDDY DR.<br>Tampa, FL 33603                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>HUESCA, RENE<br>3212 ARCH ST.<br>TAMPA, FL 33607                 | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>BARTOLOTTI, CATHERINE S.<br>4023 N. Lincoln Ave<br>Tampa, FL. 33607          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>GUALIARDO-BEERS, ANGELA<br>3223 PARKLAND BLVD<br>TAMPA, FL 33609 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>PINES, HAZEL J.<br>3308 UNION ST<br>Tampa, FL 33607                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>PINES, HAZEL<br>3308 UNION STREET<br>TAMPA, FL 33607             | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GUALIARDO, ANGELA F.<br>3223 PARKLAND BLVD<br>Tampa, FL. 33609               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>PANDO, JOSEPH<br>3221 B EMPEORADO ST<br>TAMPA, FL 33628          | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>PANDO, JOSEPH<br>3221-B EMPEDRADO<br>Tampa, FL. 33628                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Catherine S Bartolotti</u> CATHERINE S. BARTOLOTTI - TREASURER 04/21/08 (813) 876-1695<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |   |  |  |   |  |