

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46225

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** TAMPA SISTER CITIES COMMITTEE, INC.

**Current Principal Place of Business:**

4023 N. LINCOLN AVE  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5038  
TAMPA, FL 33675 US

**New Mailing Address:**

**FEI Number:** 59-3115512      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BARTOLOTTI, CATHERINE S  
4023 N. LNCOLN AVE  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CALDEVILLA, JOSE R  
Address: 4609 EDDY DRIVE  
City-St-Zip: TAMPA, FL 33603

Title: VP  
Name: LOPEZ, WALTER M  
Address: 5215 N NEPTUNE WAY  
City-St-Zip: TAMPA, FL 33609

Title: T  
Name: BARTOLOTTI, CATHERINE S  
Address: 4023 N LINCOLN AVENUE  
City-St-Zip: TAMPA, FL 33607

Title: D  
Name: GUAGLIARDO, ANGELA  
Address: 3223 PARKLAND BLVD  
City-St-Zip: TAMPA, FL 33609

Title: S  
Name: SPOTO, JOHN P  
Address: 1026 MEADOW LANE  
City-St-Zip: BRANDON, FL 33511

Title: D  
Name: PANDO, JOSEPH  
Address: 3221 B EMPEDRADO ST  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CATHERINE BARTOLOTTI

TREA

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date