2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 04, 2004 8:00 am **Secretary of State** DOCUMENT # N97000002122 1. Entity Name 02-04-2004 90084 017 ****61.25 CLEARWATER SISTER CITIES, INC. Principal Place of Business Mailing Address 1550 RIDGEWOOD ST 1550 RIDGEWOOD ST CLEARWATER FL 33755 CLEARWATER FL 33755 2. Principal Place of Business Mailing Address 1582 Gulf Boulevard 1582 Gulf Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number learwater. Florida 59-3444698 Clearwater Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33 767 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOTTLIEB & GOTTLIEB, P.A. Street Address (P.O. Box Number is Not Acceptable) 2475 ENTERPRISE SUITE 100 CLEARWATER FL 34623 Zio 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) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees · · Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD X Delete TITLE Richard Wisemiller ☐ Change **Addition** TITLE GARVEY, RITA NAME NAME 1582 Gulf Boulevard 1550 RIDGEWOOD STREET STREET ADDRESS STREET ADDRESS CLEARWATER FL 33755 CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL VPD TITLE ☐ Delete TITLE ☐ Change ☐ Addition YOUNG, RON 2316 DORA DR STREET ADDRESS STREET ADDRESS CLEARWATER FL 33765 CITY-ST-ZIP CITY-ST-ZIP Treasurer Change ☐ Addition ☐ Delete SEWELL, MARY NAME NAME 2391 OLD COACH RD STREET ADDRESS STREET ADDRESS CLEARWATER FL 33765 CITY-ST-ZIP City-St-ZIE ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

L. Sewell, TREASURER MARYL. SEWELL 1-28-04 727-726-0260
PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date