#### **2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 728474** 

Entity Name: JACKSONVILLE SISTER CITIES ASSOCIATION, INC.

FILED Apr 30, 2025 Secretary of State 8068611729CC

### **Current Principal Place of Business:**

8411 ROCKLAND DRIVE JACKSONVILLE. FL 32221

## **Current Mailing Address:**

PO BOX 43512

JACKSONVILLE. FL 32203 US

FEI Number: 23-7355928 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

ROBINSON, CYNTHIA S 8411 ROCKLAND DRIVE JACKSONVILLE, FL 32221 US

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:

Name

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title TREASURER Title DIRECTOR

NamePATTERSON, JULIETTENameDOERING, ROBERTAddress11575 RIVERSTONE WAYAddress4399 JIGGERMAST AVECity-State-Zip:JACKSONVILLE FL 32218City-State-Zip:JACKSONVILLE FL 32277

City-State-Zip: JACKSONVILLE FL 32218 City-State-Zip: JACKSONVILLE FL 3

Title DIRECTOR Title PRESIDENT

NameFRANKLIN, FELICENameROBINSON, CYNTHIA SAddress2968 HERSCHEL ST.Address8411 ROCKLAND DR.City-State-Zip:JACKSONVILLE FL 32205City-State-Zip:JACKSONVILLE FL 32221

Title DIRECTOR

Address 3797 CROSSWATER BLVD.
City-State-Zip: JACKSONVILLE FL 32244

KLOC. SHEILA

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: CYNTHIA S ROBINSON

**PRESIDENT** 

04/30/2025