

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007750

Entity Name: SISTER CITIES OF DELRAY BEACH, INC.**Current Principal Place of Business:**100 NW 1ST AVE.
DELRAY BCH, FL 33444**Current Mailing Address:**100 NW 1ST AVE.
DELRAY BCH, FL 33444**FEI Number:** 20-0378966**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHMIDT, DAVID W
140 NE 4TH AVE
SUITE A
DELRAY BEACH, FL 33483 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TD
Name	HOFFMAN, MICHELLE
Address	100 NE 1ST AVENUE
City-State-Zip:	DELRAY BEACH FL 33444

Title	D
Name	KING, NANCY
Address	100 NW 1ST AVE.
City-State-Zip:	DELRAY BCH FL 33444

Title	PD
Name	SCHMIDT, DAVID W
Address	100 NW 1ST AVENUE
City-State-Zip:	DELRAY BEACH FL 33444

Title	VD
Name	MENSAH, NGOZI
Address	100 NW 1ST AVENUE
City-State-Zip:	DELRAY BEACH FL 33444

Title	SD
Name	WILSHER, WILLIAM
Address	100 NW 1ST AVENUE
City-State-Zip:	DELRAY BEACH FL 33444

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: DAVID SCHMIDT

PRESIDENT

01/09/2015

Electronic Signature of Signing Officer/Director Detail_____
Date